MAXIMUS Federal Services

Case Number:	CM14-0217875		
Date Assigned:	01/21/2015	Date of Injury:	04/30/1998
Decision Date:	03/13/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old female who sustained a work related injury on April 30, 1998. There is no description of the specific work injury in the documents. She is status post cervical fusion in 2001, and prior gastroesophageal studies showed impingement of the esophagus by a Mal-positioned cervical plate. On November 3, 2014, progress reports state the injured worker had difficulty swallowing with pain and a burning sensation in the throat. She also complained of decreased range of motion secondary to pain and stiffness. Treatment included proton pump inhibitor, pain medication for chronic pain, and antidepressants.On December 23, 2014, a request for prescriptions for Floricet #60 between November 3, 2014 and February 17, 2015 be non-certified; a request for prescription of Paxil 20 milligrams, #60 between November 3, 2014 and February 17, 2015 be non-certified; a request for a prescription of Prilosec 20 milligrams, #90 between November 3, 2014 and February 17, 2015 be non-certified; and a prospective request for a Computed Tomography (CT) scan of the cervical spine between November 3, 2014 and February 17, 2015 be non-certified by Utilization Review, noting MTUS Guidelines and ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Floricet (Butalbital/APAP) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 20.

Decision rationale: Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. They go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. As such, the currently requested Fioricet is not medically necessary.

Paxil 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): Pages 13-16.

Decision rationale: Regarding the request for Paxil, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Tricyclics are generally recommended as first-line agents with SNRIs also showing beneift for neuropathic pain. Within the documentation available for review, it is unclear why an SSRI is being prescribed for pain, or if there is a compnenet of depression as well. If the Paxil is being prescribed to treat depression, there is no documentation of depression, and no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested Paxil is not medically necessary.

Prilosec 20mg, #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does appear that the patient is having esophageal irritation likely due to mal-positioning of cervical hardware. As such, the currently requested omeprazole (Prilosec) is medically necessary.

CT scan of Cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Computed tomography (CT)

Decision rationale: Regarding the request for cervical CT, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend CT for patients with known or suspected spine trauma with normal plain radiographs.Within the documentation available for review, the requesting physician has identified that the patient has dysphagia and esophageal symptoms related to malpositioning of cervical hardware. A cervical CT scan is being requested to assess whether the fusion is complete and determine whether hardware removal could be performed. As such, the currently requested cervical CT scan is medically necessary.