MAXIMUS Federal Services

Case Number:	CM15-0113294		
Date Assigned:	06/19/2015	Date of Injury:	08/11/2011
Decision Date:	07/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/11/2015

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 56 year old male, who sustained an industrial injury on 8/11/11. He reported initial complaints of neck, lower back and left shoulder pain. The injured worker was diagnosed as having cervical/lumbar degenerative disc disease; left shoulder impingement syndrome; left shoulder pain; bilateral lumbar facet joint pain L4-S1; lumbar facet arthropathy; cervical facet joint pain C5-C7; cervical facet arthropathy. Treatment to date has included status post left shoulder arthroscopic decompression and labral repair and distal clavicle resection (7/2012); status post left shoulder arthroscopy for lysis of adhesions (11/24/13); chiropractic therapy;(x23); physical therapy; medications. Diagnostics included Left shoulder MRI (9/8/11); lumbar spine MRI (9/8/10); x-rays and MRI scan lumbar (8/21/13); Lumbar spine CT scan (2/14/14). Currently, the PR-2 notes dated 4/20/15 indicated the provider was reviewing past and additional medical records for this injured worker and did not physically exam the injured worker on this date. The records and his review as documented regarding date of service 8/21/13, a spine specialist recommended an L4-5 artificial disc and L5-S1 anterior spinal fusion, but it was pointed out by this provider that the procedure for artificial disc was not recommended for correction of the instability. He instead, asked for a CT discogram, but this was not performed. And the injured worker did not undergo the surgery. It is documented in these notes that a lumbar spine CT scan was completed demonstrating L1-2 as normal, L2-3 with mild facet and ligamentum flavum hypertrophy causing mild central canal stenosis and mild bilateral neuroforaminal narrowing; L3-4 with moderate facet and ligamentum flavum hypertrophy minimal bulging disc with disc osteophyte complex causing moderate bilateral neural

narrowing; L4-5 facet and ligamentum flavum hypertrophy, moderate disc osteophyte complex causing moderate bilateral neural narrowing and mild central spinal stenosis and L5-S1 with moderate facet and ligamentum flavum hypertrophy, disc osteophyte complex causing moderate right and moderate to severe left neural narrowing. The initial consultation report, PR-2 dated 4/20/15, indicated the injured worker has complaints of bilateral back and bilateral low back pain. The injured worker rated his pain as 9/10 and described the symptoms as achy in quality indicating his symptoms have been ongoing since his injury in 2011. His current medications are Norco, Naproxen and Flexeril. He has a clinical history of GI bleed. On physical examination he notes lumbar range of motion restricted by pain in all directions. Standing, he was able to forward flex to 50cm from touching the floor with the tip of his long finger. Lumbar extension was 20 degrees with pain and bilateral side-bending 20 degrees with low back pain. Lumbar extension was worse than lumbar flexion. Cervical spine Spurling's maneuver was negative bilaterally along with nerve root tension signs. Shoulder abduction was negative bilaterally as well as percussion of the neurovascular complex of the supraclavicular fossa and medial upper arm. Tinel's at the elbow, carpal tunnel and Guyon's canal were negative bilaterally. Allen's and Phalen's test were negative bilaterally. The provider's treatment plan included recommendations of facet joint medial branch blocks bilaterally at L4-5 and L5-S1 and if there are positive results, continues with radiofrequency ablation. He also recommended diagnostic C5-6 and C6-7 on the right facet medial branch blocks and if positive results he would advise radiofrequency at these levels. The provider is requesting authorization of Flexeril 7.5mg #60; Naproxen 550mg #60 and Raberprazole (Aciphex) 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is some documentation of improvement in function with use of current medications, including Norco, Ultracet, Naproxen and flexeril. However, there is no identification of a specific analgesic benefit as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

Naproxen 550 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Given this, the currently requested Naproxen is not medically necessary.

Raberprazole (Aciphex) 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68-69.

Decision rationale: Regarding the request for Raberprazole (Aciphex), 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, a review of system on 4/20/2015 was negative for any GI complaints. There is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Raberprazole (Aciphex) is not medically necessary.