

Case Number:	CM15-0117641		
Date Assigned:	06/26/2015	Date of Injury:	05/06/2010
Decision Date:	08/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 49 year old female who sustained an industrial injury on 05/06/2010 resulting in pain/injury to the neck, low back and both shoulders. Treatment provided to date has included: physical therapy (unknown # of sessions); epidural steroid injections resulting in minimal relief; medications (oral and compounded creams); and conservative therapies/care. Diagnostic tests performed include: MRI of the cervical spine (2014) showing multilevel disc desiccation, multilevel disc herniations, degenerative changes, and multilevel spinal stenosis; MRI of the lumbar spine (2014) showing a L3-4 broad based posterior disc herniation indenting the thecal sac with no significant stenosis of the spinal canal or neural foramen, and a L5-S1 broad based posterior disc herniation indenting the thecal sac with no significant stenosis of the spinal canal or neural foramen; and MRI of the left shoulder (2014) showing acromioclavicular joint osteoarthritis, supraspinatus tendinosis, and infraspinatus tendinosis. There were no noted comorbidities or other dates of injury noted. On 04/17/2015 (most recent exam), the agreed medical evaluation report noted complaints of constant neck pain. The pain was rated 6/10 in severity which was noted to increase to 7-8/10 in severity depending on her activity. The pain was described as burning and throbbing with radiating pain into both shoulders and both upper extremities. Additional complaints included thoracic spine pain, lumbar spine pain (left worse than right), left sacroiliac pain that radiates down the posterior aspect of the left leg and down to the left ankle, and difficulty sleeping. The injured worker reported difficulty with activities of daily living (including personal hygiene and getting dressed), standing, walking, prolonged sitting or lying down, or riding in a car. Current medications include hydrocodone, tramadol,

over-the-counter (OTC) anti-inflammatory medications, muscle relaxants, and a sleep aide. A previous exam (dated 03/19/2015) states that the injured worker is taking Fexmid, Nalfon, Prilosec, Ultram ER, Norco and a topical compound cream of flurbiprofen, menthol, camphor and capsaicin. The physical exam revealed a slight short stance phase gait on the left; mildly positive Neer's and Hawkins test for both shoulders; mild weakness in the bilateral shoulders; some mildly restricted range of motion (ROM) in both shoulders (right greater than left; decreased sensation in the left hand (while sleeping); mildly restricted ROM in the lumbar spine; pain and tenderness in the left paralumbar region radiating down to the left gluteal region and to the left posterior thigh and ankle, straight leg raise on the right to 80°, and straight leg raise on the left to 60° without increased low back pain. The provider noted diagnoses of cervical strain/sprain with mild tenderness and good ROM, rule out radiculopathy, lumbar strain/sprain with muscle guarding (mostly on the left), pain in the left sacroiliac joint, moderate impingement of the left shoulder, and compensable right shoulder impingement. Plan of care or recommendations include electro-diagnostic testing of the cervical and lumbar spines to confirm any radiculopathy, epidural steroid injections to the cervical and lumbar spines, left sacroiliac joint injection as a diagnostic tool to determine her pain generators and whether surgery would be of value. The injured worker's work status remained temporarily partially disabled. The request for authorization (dated 06/03/2015) and IMR (independent medical review) includes: a retrospective request for 90 tablets of Nalfon 400mg with a date of service (DOS) of 05/20/2015, a retrospective request for 120 tablets of Fexmid 7.5mg with DOS of 05/20/2015, a retrospective request for 90 capsules of Prilosec 20mg with a DOS of 05/20/2015, and one sacroiliac injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Nalfon 400mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroid anti-inflammatory drugs (NSAIDs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter, NSAIDs.

Decision rationale: Fenopropfen calcium (Nalfon) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. According to the California MTUS Guidelines, NSAIDs reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief and improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Current evidence-based guidelines indicate that Fenopropfen is an NSAID medication which is less effective, and has greater side effects than Naproxen or Ibuprofen. Guidelines indicate that Fenopropfen should not be used unless there is a sound medical basis for not using a safer or more effective alternative NSAID. In this case, there was no rationale provided which explained the request for Fenopropfen. Medical necessity of the requested medication has not been established. The requested item is not medically necessary.

120 Tablets of Fexmid 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 63-66.

Decision rationale: According to the MTUS, Cyclobenzaprine (Fexmid) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone. In this case, the injured worker has been prescribed Fexmid for several months with no clinical evidence of decreased pain or functional improvement with the use of this medication. Additionally, the latest exam and request for authorization detailing the site of application or directions for use (DOS 05/20/2015) was not submitted for review. Furthermore, the MTUS does not recommend or support the long-term use of muscle relaxants. As such, Fexmid 7.5mg #120 is not medically necessary.

90 Capsules of Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Proton pump inhibitors (PPIs) and NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the CA MTUS, Proton Pump Inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. In this case, Nalfon was not found to be medically necessary. Medical necessity for Omeprazole (Prilosec) has not been established. The Omeprazole (Prilosec) is not medically necessary.

1 Sacroiliac joint injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac joint injections.

Decision rationale: Sacroiliac joint injections (SIJ) are recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. Criteria for the use of SIJ blocks include that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including, physical therapy (PT), home exercise and medication management. In this case, physical exam revealed a positive Patrick's and Fabre test which does not fully support the presence of SI joint dysfunction. Medical necessity for the bilateral SIJ injections has not been established. The requested bilateral procedure is not medically necessary.