

Case Number:	CM15-0119495		
Date Assigned:	06/29/2015	Date of Injury:	06/16/2013
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: Massachusetts

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 was a 47-year-old female, who sustained an industrial injury, June 16, 2013. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit, cervical neck MRI, MRI of the head, lumbar spine MRI, Tramadol, Trazodone, Nalfon and Protonix. The injured worker was diagnosed with lumbar discogenic with facet inflammation at L3-L4 with protrusions, spondylosis at L4-L5 and protrusions at L5-S1, cervical neck disease at C2-C3, C3-C4 C4-C5 and C6-C7 protrusions and post-concussion with an MRI showing some micro-infarcts along the pons. According to progress note of April 7, 2015, the injured worker's chief complaint was persistent neck pain, muscle spasms, stiffness, low back pain and right shoulder pain. The injured worker was having difficulty with sleeping and still needs medications. The injured worker continued with muscle spasms and stiffness. The injured worker continued to use TENS unit and it was functional. The physical exam noted tenderness along the cervical and lumbar paraspinal muscles. There was pain with facet loading and along the facets. The injured worker was awaiting approval from primary physician for a gastrointestinal referral. The treatment plan included prescriptions for Aciphex and Etodolac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Etodolac 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 67-71.

Decision rationale: The claimant sustained a work injury June 2013 and continues to be treated for neck and low back pain. When seen, she was having ongoing nausea and vomiting. Symptoms had begun three months after injury. Medications being prescribed included Nalfon and Protonix. There was cervical and lumbar curve spinal muscle tenderness. There was an antalgic, wide based gait. Tramadol ER and etodolac were prescribed. AcipHex was prescribed for gastritis. Guidelines recommend the use of NSAID (non-steroidal anti-inflammatory medications) with caution as an option in the treatment of chronic pain. Dosing of Etodolac is 300 mg PO 2-3 times daily or 400 - 500 mg twice daily. In this case, the dose being requested is not consistent with the guideline recommendation and is not considered medically necessary.

Aciphex 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 67-71.

Decision rationale: The claimant sustained a work injury June 2013 and continues to be treated for neck and low back pain. When seen, she was having ongoing nausea and vomiting. Symptoms had begun three months after injury. Medications being prescribed included Nalfon and Protonix. There was cervical and lumbar curve spinal muscle tenderness. There was an antalgic, wide based gait. Tramadol ER and etodolac were prescribed. AcipHex was prescribed for gastritis. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain. The claimant has a history of gastritis. She would be considered at intermediate risk for a GI event. For a patient at intermediate risk, guideline recommendations include a nonselective non-steroidal anti-inflammatory medication with a proton pump inhibitor such as (Aciphex) rabeprazole, which was medically necessary.