

<b>Case Number:</b>	CM15-0143792		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/27/1999
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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

### 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 53 year old male, who sustained an industrial injury on 04-27-1999. He has reported injury to the neck. The diagnoses have included cervical spine sprain-strain syndrome; cervical post-laminectomy syndrome; cervicogenic headaches; mild cervical dystonia; status post anterior cervical discectomy and fusion, C5-6 and C6-7, on 04-05-2002; status post right shoulder rotator cuff repair, on 03-11-2005; medication-induced gastritis with chronic nausea; cervical and occipital spinal cord stimulator placement, on 11-29-2007; and status post removal of the cervical spinal cord stimulator, on 09-08-2011. Treatment to date has included medications, diagnostics, trigger point injections, physical therapy, and surgical intervention. Medications have included Norco, OxyContin, Anaprox, Fiorinal, Remeron, Flexeril, Ambien, Zofran, and Prilosec. A progress report from the treating physician, dated 06-22-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of persisting neck pain with cervicogenic headaches, as well as pain radiating down to both upper extremities; his pain can go as high as 8 out of 10 in intensity, but on his current medical regime, it is decreased to 5 out of 10 in intensity; he currently takes the OxyContin twice a day, as well as Norco for breakthrough pain; on occasion, he requires Flexeril, as he experiences significant myospasms across his lower back; he takes Remeron which helps him sleep at night; without the medications, he is unable to function when performing his activities of living; and he is walking on a regular basis and actively participating in a home exercise program. Objective findings included mild to moderate distress; he has difficulty in transition from a seated to a standing position; tenderness to palpation and increased muscle rigidity of the posterior cervical musculature; incisional areas are open to air; there is no active drainage;

decreased range of motion; pain with extension; there are also trigger points that are palpable and tender throughout the cervical paraspinal muscles; decreased range of motion of the shoulders bilaterally, more on the right; there is pain with testing abduction of the right arm and shoulder; and there is decreased sensation along the posterolateral arm and forearm on the right when compared to the left to Wartenberg pinprick wheel. The treatment plan has included the request for Prilosec 20mg #120; and Imitrex 100mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The patient presents with pain in his neck with cervicogenic headaches as well as pain radiating down to his right upper extremity and with both lower extremities, but right greater than left. The request is for Prilosec 20mg #120. The request for authorization is dated 06/19/15. The patient is status post ADCF at C5-6 and C6-7, 04/05/02. Physical examination of the posterior cervical musculature reveals tenderness to palpation and increased muscle rigidity. The incisional areas are open to air. There is no active drainage. Decreased range of motion but was able to bring his chin forward. There are also trigger points that are palpable and tender throughout the cervical paraspinal muscles. Exam of upper extremities reveal decreased range of motion of the shoulders bilaterally, more on the right. Pain with testing abduction of the right arm and shoulder. Decrease sensation along the posterolateral arm and forearm on the right. Exam of the incisional area around the right buttock is open to air with no active drainage with minimal peri-incisional erythema. Exam of the abdomen reveals positive bowel sounds, soft and non-tender. There was a slight bulge noted along the right upper quadrant when he attempts to lift his head off the examining table. The patient has been referred to [Dr. S.], Gastroenterologist for further evaluation of his ongoing abdominal pains. The patient has a TENS unit, which he has been using on a regular basis, which has helped alleviate some myospasms in his neck. Patient's medications include Norco, OxyContin, Anaprox, Fiorinal, Remeron, Flexeril, Ambien, Zofran, and Prilosec. Per progress report dated 08/13/15, the patient is temporarily totally disabled. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 08/13/15, treater's reason for the request is "He gets medication-induced symptoms and GERD, especially in the evening...patient has a few MTUS risk factors, NSAID'S, chronic pain and

stress, poor eating habits and nutrition, age some alcohol and smoking use." The patient has been prescribed Prilosec since at least 08/13/13. In this case, the patient is prescribed Anaprox, and NSAID. However, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss how the patient is doing or discuss what gastric complaints there are. Therefore, the request IS NOT medically necessary.

**Imitrex 100mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter under Triptans.

**Decision rationale:** The patient presents with pain in his neck with cervicogenic headaches as well as pain radiating down to his right upper extremity and with both lower extremities, but right greater than left. The request is for Imitrex 100mg. The request for authorization is dated 06/19/15. The patient is status post ADCF at C5-6 and C6-7, 04/05/02. Physical examination of the posterior cervical musculature reveals tenderness to palpation and increased muscle rigidity. The incisional areas are open to air. There is no active drainage. Decreased range of motion but was able to bring his chin forward. There are also trigger points that are palpable and tender throughout the cervical paraspinal muscles. Exam of upper extremities reveal decreased range of motion of the shoulders bilaterally, more on the right. Pain with testing abduction of the right arm and shoulder. Decrease sensation along the posterolateral arm and forearm on the right. Exam of the incisional area around the right buttock is open to air with no active drainage with minimal peri-incisional erythema. Exam of the abdomen reveals positive bowel sounds, soft and non-tender. There was a slight bulge noted along the right upper quadrant when he attempts to lift his head off the examining table. The patient has been referred to [REDACTED], Gastroenterologist for further evaluation of his ongoing abdominal pains. The patient has a TENS unit, which he has been using on a regular basis, which has helped alleviate some myospasms in his neck. Patient's medications include Norco, OxyContin, Anaprox, Fiorinal, Remeron, Flexeril, Ambien, Zofran, and Prilosec. Per progress report dated 08/13/15, the patient is temporarily totally disabled. ODG Guidelines, Head Chapter under Triptans states: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated." Treater does not specifically discuss this medication. This appears to be the initial trial of Imitrex for this patient. ODG recommends the use of Imitrex for migraine headaches. However, this patient continues with neck pain with cervicogenic headaches. Treater does not discuss or document the patient suffering from migraine headaches, nor provide medical rationale for Imitrex. Therefore, the request IS NOT medically necessary.