

Case Number:	CM15-0027798		
Date Assigned:	02/20/2015	Date of Injury:	05/21/2013
Decision Date:	07/02/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 male patient who sustained an industrial injury on 05/21/2013. The patient underwent sleep study on 07/14/2014. A primary treating office visit dated 10/14/2014 reported the patient with subjective complaint of lumbar spine, bilateral shoulder and bilateral hip pain. The pain is noted as unchanged since the last visit. He also continues with radiation of pain from the neck into the arms and from the low back into the legs with numbness, tingling and weakness. The patient takes Norco that helps decrease the pain from an 8 in intensity down to a 3. It allows him to ambulate for double time and no need to stop. He is currently not working. Objective findings showed both the cervical and lumbar spine with decreased range of motion. There was tenderness over the paraspinal muscles and trapezius muscles, left greater. A shoulder depression test was positive, cervical compression was positive, and Spurling's was positive on the left. There was decreased sensation on the left at C8 and decreased strength on the left at C5, C6, C7, and C8. There was also tenderness over the paraspinal muscles equally and a positive Kemps' bilaterally. The following diagnoses are applied: acute cervical strain, rule out disc herniation; lumbar multi-level disc disease with broad-based disc at L3, L4, L5 and L5-S1 with mild to moderate bilateral recess on neuroforaminal narrowing; rule out lower extremity radiculopathy; electrodiagnositic evidence of left active L5 radiculopathy; elevated blood pressure, industrial cause deferred, and depression, anxiety, industrial causation deferred. The plan of care noted recommendation for pain management consultation, continue with psychologist, prescribed Norco, and follow up visit. A pain management follow up visit dated 11/25/2014 reported the patient being status post

transforaminal epidural steroid injection left L4-5 on 06/24/2014. The patient reports less than 5% improvement in pain. The patient underwent nerve conduction study on 02/03/2014 that revealed normal findings along with left active L5 radiculopathy. A magnetic resonance imaging study performed on 07/03/2013 showed at L3-4 there is mild disc desiccation; mild bilateral facet degenerative changes and ligamentum flavum hypertrophy. There is a 3-4 mm broad-based disc osteophyte complex. There is mild left lateral recess and left neural foraminal narrowing and mild to moderate right lateral recess and right neural foraminal narrowing. He is diagnosed with cervical strain/sprain; lumbar disc degeneration; lumbar radiculopathy, and chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gastrointestinal events Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 Page(s): 68 of 127. Decision based on Non-MTUS Citation Physician Desk Reference, under Dexilant.

Decision rationale: This claimant was injured back in 1998. He is post cervical fusion, and has post surgical dysphagia. There is still aching and stabbing pain in the neck. There is no mention of GERD or GI risk factors. There is no documentation of failure of first line proton pump inhibitors. Dexilant is Dexlansoprazole, a medicine used for Gastroesophageal Reflux Disease, or H- Pylori. There is no documentation of these conditions in the records. There is cervical dysphagia, but it is due to bony compression, not reflux that I could discern. Moreover, the MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review.

Floriset 50/300/40mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Section, under Barbiturate-containing medicines.

Decision rationale: This claimant was injured back in 1998. He is post cervical fusion, and has post surgical dysphagia. There is still aching and stabbing pain in the neck. There is no mention of GERD or GI risk factors. There is no documentation of failure of first line proton pump

inhibitors. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the Pain section, under Barbiturate containing medicines: Not recommended for chronic pain. 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. (McLean, 2000) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates. (AGS, 2012).The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Therefore, MTUS criteria are not met to continue the services. The request is not medically necessary.