

Case Number:	CM15-0071598		
Date Assigned:	04/22/2015	Date of Injury:	04/04/2012
Decision Date:	05/29/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/15/2015

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: Emergency 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 42-year-old male, with a reported date of injury of 04/04/2012. Diagnoses include: neck pain, lumbar disc displacement without myelopathy, and pain in joint of the lower leg. Treatments to date have included TENS unit, lumbar epidural steroid injections, chiropractic care, facet injections and oral medications. The visit note dated 02/25/2015 indicates that the injured worker complained of neck pain. The objective findings include painful range of motion of the neck, normal motor function in the upper extremity, and no numbness and tingling in the bilateral arms to light touch and pinprick. The treating physician requested one set of x-rays for the cervical spine to review for evidence of facet hypertrophy, Naproxen sodium (Anaprox) 550mg #90, Pantoprazole (Protonix) 20mg #60, Ambien 5mg #10, Gabapentin 600mg #60, and cyclobenzaprine (Flexeril) 7.5mg #90. On March 20, 2015, UR non certified the requests for the above treatments. MTUS and ODG guidelines were cited in support of this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 set of X-ray cervical AP/Lat: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The provider who requested the cervical images documented the absence of neurologic findings including muscle weakness or neuropathy. The records also document this is the first examination of the cervical spine related to this injury. According to MTUS guidelines, imaging of the cervical spine is not indicated unless symptoms extend beyond 3-4 weeks of conservative care. The exception is for red flag conditions such as evidence of neurologic dysfunction, failure to progress in a strengthening program, or for anatomy clarification. The records do not support any of these guidelines. Without this supporting documentation, the request for cervical radiography is not medically necessary.

90 Naproxen sodium - Anaprox 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen - Nonsteroidal Anti-Inflammatory Drug (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - Naproxen Page(s): 65-66.

Decision rationale: According to CA MTUS chronic pain guidelines, Naproxen is a nonsteroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The documentation does not document a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. Additionally, the request does include frequency and dosing of this medication. The request is not medically necessary.

60 Pantoprazole - Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs); NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders,

there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Protonix is not medically necessary.

10 Ambien 5mg: Upheld

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

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

Decision rationale: The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. The only reference to a sleep problem is that the patient is awakened by pain. This is an insufficient basis on which to dispense months or years of zolpidem. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. The reports do not show specific and significant benefit of zolpidem over time. Prescribing in this case meets none of the guideline recommendations. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations, lack of specific benefit, and lack of sufficient evaluation of the sleep disorder.

60 Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) - Anti-Epilepsy Drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49, 16-21.

Decision rationale: According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these medications for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends "documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the request does not include dosing frequency. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.

90 Cyclobenzaprine - Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 6 months according to submitted records. This greatly exceeds the recommended time frame of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request is not medically necessary.