

Case Number:	CM15-0090950		
Date Assigned:	05/15/2015	Date of Injury:	09/23/2005
Decision Date:	06/30/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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 56-year-old male, who sustained an industrial injury on 9/23/05. He has reported initial complaints of cervical injury after falling to the ground and his neck whipping forward and backward with a weird sensation in the face, lips, arms, hands, shoulders, and upper back. The diagnoses have included neck pain, cervical radiculopathy, chronic pain syndrome, lumbar radiculopathy, neuropathic pain, tension headaches, insomnia, depression, anxiety and post-traumatic stress disorder. Treatment to date has included medications, diagnostics, traction, physical therapy, acupuncture, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 10/23/14, the injured worker complains of left shoulder pain, back pain and bilateral leg pain. He states that when he turns his head it hurts his neck and he gets shooting pain down the left leg. The pain is rated 8/10 at the visit and has been unchanged since the last visit with average pain rated 8/10 on pain scale. He states that without the pain medications the pain is rated 10+/10 and with pain medications the pain score is 8/10. The objective findings reveal blood pressure is 138/84, pulse is 68 and weight is 249 pounds. There were no other physical findings noted. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine dated 10/3/14 reveals disc desiccation, disc herniation causing stenosis of the spinal cord, degenerative joint changes, and disc material and joint degeneration causing stenosis with deviation of the bilateral exiting nerve roots. The urine drug screen dated 10/8/14 was consistent with medications prescribed. The physician requested treatments included One (1) prescription of Prilosec 40mg #30, One (1) prescription of Norco 10/325mg #120, One (1) prescription of Gabapentin 500mg #90 and One (1) prescription of Naproxen 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Prilosec 40mg #30: Upheld

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, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient presents with left shoulder, back pain, and bilateral leg pain. The physician is requesting ONE PRESCRIPTION OF PRILOSEC 40 MG QUANTITY 30. The RFA dated 04/10/2015 shows a request for Prilosec 40 mg quantity 30. The patient's current work status is temporarily totally disabled. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The rationale behind the request was not made available. As of 04/10/2015, the patient is taking gabapentin, Norco, naproxen, and Prilosec. The physician does not discuss a history of peptic ulcer disease and G.I. bleeding or perforation. He does not have a concurrent use of ASA or a corticosteroid and or anticoagulant. He is currently not on high-dose multiple NSAIDs. In this case, the routine use of PPI's is not supported by the MTUS guidelines. The request IS NOT medically necessary.

One (1) prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with left shoulder, back pain, and bilateral leg pain. The physician is requesting ONE PRESCRIPTION OF NORCO 10/325 MG QUANTITY 120. The RFA dated 04/10/2015 shows a request for Norco 10/325 mg #120. The patient's current work status is temporarily totally disabled. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. Medical records show that the patient was prescribed Norco since 08/12/2011. The progress report dated 10/23/2014 notes that the patients pain level without medication is 10/10 and 8/10

with medication use. The current treating physician's report dated 04/10/2015 indicates that the patient's current pain level is 7/10. It is unclear if this level is before or after medication use. It was further noted that without medications the patient would be "incapacitated." His medications allow him to move around to do light housework as well as yard work. His symptoms are reduced by medications and creams. The urine drug screen from 10/08/2014 show consistent results to prescribed medications. In this case, the treater provides that the patient would be incapacitated without meds and able to do minimally function with meds. This does not appear to demonstrate significant functional improvement as required by MTUS. No validated instruments are used showing functional gains and no outcome measures are provided. Chronic pain does not result in total incapacitation and there is lack of sufficient examples of ADL's showing significant improvement. The request IS NOT medically necessary.

One (1) prescription of Gabapentin 500mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with left shoulder, back pain, and bilateral leg pain. The physician is requesting ONE PRESCRIPTION OF GABAPENTIN 500 MG QUANTITY 90.

The RFA dated 04/10/2015 shows a request for Gabapentin 500mg #90. The patient's current work status is temporarily totally disabled. The MTUS Guidelines pages 18 and 19 on gabapentin states that it has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. Record show that the patient was prescribed Gabapentin on 10/2012. Per the 04/10/2015 report, "without the medication patient would be incapacitated. The medication allows him to move around to do light house work." The patient's current diagnoses include neuropathic pain, cervical radiculopathy, and chronic pain syndrome among others. In this case, the physician has noted medication efficacy, and the continued use is warranted. The request IS medically necessary.

One (1) prescription of Naproxen 500mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with left shoulder, back pain, and bilateral leg pain. The physician is requesting ONE PRESCRIPTION OF NAPROXEN 500 MG QUANTITY 60. The RFA dated 04/10/2015 shows a request for Naproxen 500mg #60. The patient's current work status is temporarily totally disabled. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Medical records show that the patient

was first prescribed naproxen on 11/07/2012. Per the treating physician's report dated 04/10/2015, "Without the medication patient would be incapacitated. Medications allow him to move around to do light housework as well as yard house work." Examination shows pain and tenderness in the mid to lower cervical and upper to mid cervical spine. Moderate muscle spasms noted in the left side of the neck, right side of the neck, posterior cervical, upper thoracic, right posterior trapezius and left trapezius. The patient has tenderness to the middle of the cervical spine. In this case, the physician has noted medication efficacy and continued use is warranted. The request IS medically necessary.