MAXIMUS Federal Services

Case Number:	CM13-0013518		
Date Assigned:	10/01/2013	Date of Injury:	05/08/2012
Decision Date:	01/16/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in pain management, has a subspecialty in disability evaluation, and is licensed to practice in California. 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 physician 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/services.

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 patient is a 42-year-old female charge nurse with complaints of neck pain radiating to the right upper extremity after an industrial injury sustained on 5/08/2012. She has had conservative medical treatment to include multiple pain medications and muscle relaxants, acupuncture, and physical therapy. She has also had two cervical epidural steroid injections. Despite these conservative treatments the patient states that her symptoms have worsened and in addition she has worsening weakness in her right upper extremity as well as persistent headaches. The symptoms improved slightly after three chiropractic sessions but worsened when this was discontinued. The physical examination revealed decreased cervical spine range of motion, and decreased power strength in the deltoid and arm muscles. MRI of the cervical spine done on 6/12/12 revealed small posterior disc protrusion at C4-5 and C5-6 mild central canal stenosis, and mild bilateral neural foramina stenosis. Cervical myelogram and cervical spine CT dated 5/31/13 was significant for moderate degenerative disc disease with disc height narrowing and spondylosis at C4-5, and C5-6. There were also mild bilateral foramina narrowing at C4-5, and mild left foramina narrowing at C5-6. Patient states she is depressed and frustrated due to her worsening condition and denial of some of her pain medications. At issue is if the request for the following are indicated; 1.) Anterior Cervical diskectomy and interbody fusion at C4-5 and C5-6; 2.) Chiropractic Therapy x6 sessions to the Cervical Spine; 3.) Hard and Soft Cervical Collar; 4.) Cymbalta 30mg #60; Ambien 5mg #30; Norco #120; Voltaren-#60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical diskectomy and interbody fusion at C4-5 and C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: The Neck and Upper Back Complaints chapter of the ACOEM Practice Guidelines states that surgical consideration is indicated if there is severe spinovertebral pathology and severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy. It further states that in addition to patient's symptoms of severe, persistent and disabling arm symptoms, refractory radicular symptoms after conservative treatment, there must be Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. This patient had persistent, refractory neck pain that radiated to her right shoulder and arm, as well as a pressure sensation in her head but her imaging studies showed no cord compression or clear area of impingement upon exiting nerve roots. Furthermore, the Neck and Upper Back Complaints chapter of the ACOEM Practice Guidelines also states that the presence of a herniated cervical disk on an imaging study, does not necessarily imply nerve root dysfunction, as studies of asymptomatic adults commonly demonstrate intervertebral disk herniations that apparently do not cause symptoms. In addition, it further stated that The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks and benefits, and especially expectations is essential. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehab (PM&R) specialist may help resolve symptoms. Based on extrapolating studies on low back pain, it also would be prudent to consider a psychological evaluation of the patient prior to referral for surgery. The request for anterior cervical diskectomy and interbody fusion at C4-5 and C5-6 is not medically necessary or appropriate.

Chiropractic therapy to the cervical spine, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to

productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. According to Canadian Chiropractic Association and the Canadian Federation of Chiropractic Regulatory Boards, Clinical Practice Guidelines Development Initiative, Guidelines Development Committee (GDC) research designed to provide an evidence-based clinical practice guideline for the chiropractic cervical treatment of adults with acute or chronic neck pain not due to whiplash during which an "extraction" team recorded evidence from articles found by literature search teams using 4 separate literature searches, and rated it using a Table adapted from the Oxford Centre for Evidence-based Medicine. The searches were 1) Treatment; August, 2003, using MEDLINE, CINAHL, AMED, MANTIS, ICL, The Cochrane Library (includes CENTRAL), and EBSCO, identified 182 articles. 2) Risk management (adverse events); October, 2004, identified 230 articles and 2 texts. 3) Risk management (dissection); September, 2003, identified 79 articles. 4) Treatment update; a repeat of the treatment search for articles published between September, 2003 and November, 2004 inclusive identified 121 articles looking at the following primary outcome: 1) improved (reduced and less intrusive) pain and 2) improved (increased and easier) ranges of motion (ROM) of the adult cervical spine. The guideline development committee (GDC) final conclusion is as follows: "Research recommendations addressed the poor caliber of many of the studies; the GDC concluded that the scientific base for chiropractic cervical treatment of neck pain was not of sufficient quality or scope to "cover" current chiropractic practice omprehensively, although this should not suggest other disciplines are more evidence-based." GDC recommend for adverse events associated with a treatment modality and predicted by an observable risk factor, there was evidence to recommend absolute contraindications, and requirements for treatment modality modification or caution to minimize harm and maximize benefit. For managing the theoretic risk of dissection, there was evidence to recommend a systematic risk-management approach. For managing the theoretic risk of stroke, there was support to recommend minimal rotation in administering any modality of upper-cervical spine treatment, and to recommend caution in treating a patient with hyperhomocysteinemia, although the evidence was especially ambiguous in both of these areas

A hard and soft cervical collar: 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), Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, as well as UptoDate References.

Decision rationale: According to UptoDate reference search indicated that cervical collar which iis a piece of foam covered with fabric that is worn around the neck to support the head. Routine use of a cervical collar is not recommended because it may delay recovery or allow the neck muscles to weaken. In addition, collars can make neck pain worse in some people due to the fit of the collar. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery. Rest and immobilization using collars are less effective, and not recommended for treating

whiplash patients. May be appropriate where post-operative and fracture indications exist. (Verhagen, 2002) (Borchgrevink, 1998) (Gennis, 1996) (Rosenfeld, 2000) (Colorado, 2001) (Gross-Cochrane, 2002) (Verhagen-Cochrane, 2004) (Rodriquez, 2004) A recent high quality study found little difference among conservative whiplash therapies, with some advantage to mobilization over immobilization. The request for a hard and soft cervical collar is not medically necessary or appropriate.

Cymbalta 30mg, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15,16, 105.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Cymbalta, an SNRIs (serotonin noradrenaline reuptake inhibitors) is recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. The Chronic Pain Medical Treatment Guidelines states Duloxetine (CymbaltaÂ®): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommendedas a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Dosing: Neuropathic pain (off-label indication): 37.5 mg once daily, increase by 37.5 mg per week up to 300 mg daily. (Maizels, 2005) (ICSI, 2007) Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. This patient has depression and chronic pain. The Chronic Pain Medical Treatment Guidelines states that Duloxetine (CymbaltaÂ®) is FDA-approved.for "anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy,.and is recommended as a first-line option for diabetic neuropathy. The request for Cymbalta 30mg, 60 count, is not medically necessary or appropriate.

Ambien 5mg, 30 count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, a web based resource offered by National Library of Medicine and national Institute of Health.

Decision rationale: According to Medline Plus, Zolpidem is used to treat insomnia (difficulty falling asleep or staying asleep) and it belongs to a class of medications called sedative-hypnotics. It works by slowing activity in the brain to allow sleep.Ambien should normally be

taken for short periods of time (less than two weeks). If zolpidem is taken for 2 weeks or longer, it may not help a patient sleep as well as it did when the patient first began to take the medication. The request for Ambien 5mg, 30 count, is not medically necessary or appropriate.

Norco, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-Acting Opioid Therapy Page(s): 76-77, 82.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines says that Norco, which is made of hydrocodone (a semi-synthetic opioid which is considered the most potent oral opioid) and Acetamenophen, is Indicated for moderate to moderately severe pain. However, the Chronic Pain Medical Treatment Guidelines also stipulated specific criteria to follow before a trial of opioids for chronic pain management. The records do not show any documentation that these guidelines were followed. Results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use according to the Chronic Pain Medical Treatment Guidelines. The request for Norco, 120 count, is not medically necessary or appropriate.

Voltaren, 60 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 71-83. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Diclofenac Sodium (Volteran) is a non-steriodal anti-inflammatory agent that are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly,-renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient has chronic pain and NSAIDs are a medically reasonable option. The request for Voltaren, 60 count, is medically necessary and appropriate.