

Case Number:	CM13-0013797		
Date Assigned:	12/27/2013	Date of Injury:	04/05/2010
Decision Date:	04/04/2014	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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old male with a date of injury of 04/05/2010. The listed diagnoses per [REDACTED] dated 08/09/2013 are: 1. Cervical myelopathy. 2. Degenerative disk disease. 3. Cervical spine with radiculopathy. 4. S/P ACDF C5-C6 dated 01/27/2011. 5. Thoracolumbar myofascial complaints. 6. Medication-induced gastritis/reflux. 7. Multilevel HNPs of the lumbar spine. 8. Multiple canal stenosis. 9. Multiple level facet arthrosis of the lumbar spine. 10. Multiple HNPs of the cervical spine. 11. Bilateral facet arthrosis at C2 through C3 to C7 to T1 levels. 12. Cervical canal stenosis at C3 to C4 and C4 to C5. 13. Cord enema or myelomalacia at C5 to C6 per MRI report. According to report dated 08/19/2013 by [REDACTED], patient presents with complaints of neck pain, bilateral upper extremity symptoms, low back pain, and left lower extremity symptoms which he currently rates at 4-5/10 on the pain scale. The patient states since his last visit, his overall condition is about the same with no significant changes. It was noted that the patient continues to complain of pain in the neck described as aching and burning with low back pain described as aching with symptoms of numbness extending into his hands and left lower extremity. It was noted the patient is awaiting authorization for trial of Lyrica as Pamelor and gabapentin have caused side effects. Patient denies any side effects to the medications and states they continue to decrease his pain and normalized his function. Examinations show there is diffuse tenderness to palpation to the paracervical and paralumbar muscles. Range of motion of the cervical spine and lumbar spines are decreased on all planes. Sensation to pinprick and light touch are decreased to the bilateral C6, C7, C8, and T1 dermatomes. Motor exam reveals decreased motor strength to bilateral at 4/5 to biceps internal rotation, wrist flexors, wrist extensors, triceps and finger flexors involving

the C6, C7, and C8 nerve roots. EMG dated 06/11/2012 of the bilateral upper extremities reveals "normal study." MRI of the cervical spine dated 06/29/2012 reveals "C5-C6 right posterior vertebral hyperostosis and development decrease in sagittal dimension of the central canal result in moderate central canal stenosis, moderate right foraminal stenosis due to encroachment of bony spur without definite impingement upon the existing right C6 nerve root, C6 to C7 2-mm disk bulge, bilateral facet arthrosis at C2 through C3 to the C7 to T1 levels, mild development of stenosis of the central canal at the C3 to C4 and C4 to C5 levels."

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LYRICA: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PREGABALIN (LYRICA).

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with upper and lower back pain. Treater is requesting a trial of Lyrica 50 mg #60. Utilization review dated 08/12/2013 approved this request. The MTUS Guidelines has the following regarding pregabalin (Lyrica), "Pregabalin has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia has FDA approval for both indication and is considered first line treatment for both. In June 2007, he FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia." In this case, this patient presents with radicular pain and recommendation is for approval for a trial of Lyrica.

PRESCRIPTION OF NORCO (HYDROCODONE/APAP): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 60-61.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with upper and lower back pain. The treater is requesting Norco 10/325 #45. For chronic opiate use, MTUS Guidelines page 88 and 89 require functional documentation using a numerical scale or validated instrument at least once every 6 months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Review of medical reports from 01/11/2013 to 08/09/2013 indicates that the patient started taking Norco on 02/22/2013. The treater, in his subsequent monthly progress reports, indicates the efficacy of Norco in terms of patient's decrease in pain. The treater utilizes a numerical scale to measure patient's pain level.

In addition, the patient denies any side effects to the medication and states medications continue to decrease his pain and normalize his function. In this case, both the patient and the treater documents the efficacy of this medication and notes that medication "normalizes his functional levels." Recommendation is for approval.

PRESCRIPTION OF PRILOSEC (OMEPRAZOLE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with continued upper low back pain. The treater is requesting Prilosec 20 mg #60. The MTUS Guidelines state omeprazole is recommended with precautions as indicated below: (1) Clinician should weigh the indications for NSAIDs against both GI and cardiovascular risk factors, (2) Determine if the patient is at risk for gastric event, (3) Age is less than 65 years, (4) History of peptic ulcer, GI bleeding, or perforation, (5) Concurrent use of ASA, corticosteroids, and/or anticoagulant or for (6) High dose/multiple NSAID. In this case, the patient lists as a diagnosis "medication-induced gastritis." However, none of the reports indicate what gastric symptoms this patient is experiencing, what is happening with those symptoms, etc. The patient is also not on any of the NSAIDs. Recommendation is for denial.

PRESCRIPTION OF GABAPENTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDS),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 18-19, 49.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with continued upper and lower back pain. The treater is requesting gabapentin for as needed basis. The MTUS Guidelines page 18 and 19 has the following regarding gabapentin "Gabapentin has shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line of treatment for neuropathic pain." In this case, the patient states on report 6/27/13, gabapentin "makes me depressed if taken too often." In response, the treater has switched to Lyrica. I would appear that this request pertains the gabapentin that was tried. Recommendation is for authorization.

INTERLAMINAR CERVICAL EPIDURAL STEROID INJECTIONS BILATERAL C4-C5, C5-C6, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICAL TREATMENT Page(s): 46-47.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with continued upper and lower back pain. The treater is requesting bilateral ESI at C4 to C5, C5 to C6, and C6 to C7 levels. The MTUS Guidelines page 46 and 47 recommends ESI as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). In this case, patient's EMG was noted as normal and MRI showed only mild stenosis. In addition, the treater is requesting a 3-level ESI bilaterally in transforaminal approach. MTUS does not allow for more than 2-level injections when performed transforaminal. Recommendation is for denial.

ONGOING PSYCHE CARE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT,.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with continued upper and lower back pain. The treater is requesting "ongoing care with patient's psychiatrist." ACOEM Practice Guidelines Second Edition 2004 page 107 states "health practitioners may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful in avoiding potential complex of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." Medical records indicate that patient has had prior psychiatric therapy care and it is not known why this was stopped. Given the patient's chronic pain and psychiatric sequelae, psychiatric f/u care appears reasonable and consistent with the guidelines. Recommendation is for authorization.

8 ADDITIONAL MASSAGE THERAPY SESSIONS FOR TREATMENT OF THE NECK/BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

Decision rationale: This patient presents with continued upper and lower back pain. The treater is requesting 8 additional massage therapy for the neck/back. The MTUS Guidelines page 60 under chronic pain section has the following regarding massage therapy "recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment like exercise and it should be limited to 4 to 6 visits." In this case, medical record review dating

from 01/11/2013 to 08/09/2013 provides no therapy reports. Therefore, it is unclear as to how many massage therapy this patient has received in the past and if they had produced any functional benefits. The treater's request for 8 additional sessions exceeds the recommended 4-6 visits per MTUS. Recommendation is for denial.