

Case Number:	CM13-0028055		
Date Assigned:	11/22/2013	Date of Injury:	03/15/2004
Decision Date:	01/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and 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 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. 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 55 YO, F with a date of injury on 3/15/04. The progress report, dated 7/25/13 by [REDACTED], shows a diagnosis of Cervical HNPs; possible double crush syndrome; bilateral upper extremity pathology status post bilateral upper extremity surgeries per [REDACTED]. The patient reported neck and back pain 9/10, numbness and tingling down both arms to her hands. The patient reported that the medications help decrease her pain, increases her sleep and helps to increase her activity level. She stated that her pain is intolerable without the medications. Exam findings noted decreased range of motion of the cervical spine, limited by pain; decreased sensation C8 dermatomes on right. A MRI of cervical spine dated 2/21/11 noted mild degenerative disc disease with small focal protrusions as described with C3-C4 mild canal stenosis without neuroforaminal narrowing at any level. The patient stated that she saw her PCP for her abnormal labs and he told her he was not concerned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids Page(s): 88-89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: The progress report, dated 7/25/13 by [REDACTED], noted that the patient reported neck and back pain 9/10, numbness and tingling down both arms to her hands. The patient reported that the medications help decrease her pain, increases her sleep and helps increase her activity level. She stated that her pain is intolerable without the medications. The progress report dated 6/27/13 noted that the patient reported her pain level at 8-9/10 coming down to 7-8/10 with medications. MTUS requires documentation of pain reduction, improved function and quality of life. Pain reduction by 1 point on a 1-10 scale does not appear to be significant. Furthermore, the treater has provided a general statement that "the medications help decrease her pain, increases her sleep and helps increase her activity level." In the 6 months of reports provided by [REDACTED], there are no specific measurements of the patient's function or quality of life. MTUS requires specific functioning measures with numerical scale or validated instrument when prescribing pain medications over an extended period of time. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; best pain; time it takes for medication to work; duration of pain relief with medications, etc. None of the reports reviewed contain this information. Therefore recommendation is for denial.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The records appear to indicate that the patient has been on a muscle relaxant medication as far back as 1/6/13 for muscle spasms. MTUS pg. 63 states that non-sedating muscle relaxants are recommend with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The records appear to indicate that the patient is using the Norflex regularly and not just for flare-ups (i.e. short-term use associated with acute exacerbations). Therefore, recommendation is for denial.

Prilosec 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Procedure Summary

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

Decision rationale: The progress report, dated 7/11/13 by [REDACTED], noted that the patient reported GI upset in the past, but stated that the Prilosec helped decrease her GI symptoms. MTUS pg. 69 recommends the treatment of dyspepsia secondary to NSAID therapy: Stop the

NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The records do not indicate a history of chronic NSAID therapy. However, the chronic use of Norco can cause a relaxation of the gastric sphincter, causing increased symptoms of GERD. Authorization is recommended.

Weight Watchers program for a three (3) month trial to include food: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor by Presley Reed, MD. Obesity.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs Number: 0039

Decision rationale: The progress report, dated 7/25/13 by [REDACTED], noted that a request was made for a Weight Watchers program on a three month trial with food, because of her inability to lose weight with diet and exercise alone. The progress report dated 1/6/13 shows the patient weighing 295 pounds. MTUS/ACOEM guidelines do not discuss recommendation for Weight Watchers programs or weight loss in general for chronic pain. ODG guidelines do not address issues of obesity and the need for weight loss for chronic neck/low back pain, upper extremity chronic issues. While weight loss is a desirable with good general health benefits, there is a lack of guideline discussions regarding its efficacy for treatments of chronic pain. When consulting Aetna, Clinical Policy Bulletin for Weight Reduction Medications and Program, prepackaged food supplements or substitutes and grocery items are generally excluded from coverage under most benefit plans. Weight Watchers is included in a list of excluded services. Aetna guidelines do not address weight loss for pain management either. Recommendation is for denial.

Interlaminar epidural injection at C3-C4 and C4-C5: 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 Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: The progress report dated 7/25/13 by [REDACTED] noted that a request was made for a interlaminar epidural injection at C3-C4 and C4-C5. Exam findings noted decreased range of motion of the cervical spine, limited by pain; decreased sensation C8 dermatomes on right. A MRI of cervical spine dated 2/21/11 noted mild degenerative disc disease with small focal protrusions as described with C3-C4 mild canal stenosis without neuroforaminal narrowing at any level. The progress report dated 4/9/13 noted that the patient had benefited significantly from epidural injections in the past. MTUS pg. 46, 47 has the following criteria for the use of epidural steroid injections: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing;

initially unresponsive to conservative treatment; no more than one interlaminar level should be injected at one session; in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The records do not indicate that the requested interlaminar epidural injections at the two levels were to be performed on separate occasions. Also, there was no documentation of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as a result of previous injections. There is also lack of documentation of clear radiculopathy neither by examination nor MRI findings. Small disc protrusions do not cause nerve root problems. Recommendation is for denial.

Physical therapy, six (6) visits for the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The progress report, dated 7/25/13 by [REDACTED], noted that a request was made for 6 physical therapy visits for the neck. Exam findings noted decreased range of motion of the cervical spine, limited by pain; decreased sensation C8 dermatomes on right. No discussion by the treater was provided in regards to the number of previous physical therapy visits and functional gain received from said visits. MTUS (pg. 98, 99) regarding physical medicine allow for fading of treatment frequency plus active self-directed home physical medicine. The treater does not provide documentation regarding how many treatments the patient has had so far. There is a lack of comprehensive therapy notes to understand how much therapy has been provided thus far this year. Without this information, one cannot determine whether or not additional therapy at this point is consistent with MTUS. Therefore recommendation is for denial.

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Procedure Summary.

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

Decision rationale: The progress report, dated 7/25/13 by [REDACTED], noted that a request was made for a pain management consult to help her decrease her medication use. ACOEM pg. 127 states that "the occupational health practitioner may refer to other specialists 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." The request for pain management consult appears to be reasonable in this case. Therefore, authorization is recommended.

Repeat labs to evaluate abnormal kidney function: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McPherson & Pincus: Henry's Clinical Diagnosis and Management by Laboratory Methods, 21st Edition, chapter 8, Interpreting Laboratory Results.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Adverse effects Page(s): 12.

Decision rationale: The progress report, dated 7/25/13 by [REDACTED], noted that a request was made for repeat labs to evaluate abnormal kidney function. The patient stated that she saw her PCP for her abnormal labs, and the PCP told her that he/she was not concerned. The patient has been on long term use of Norco, which is known to be related to renal insufficiency in 1 to 2% of patients with overdose (MTUS pg. 12). No discussion by the provider was provided in regards to repeat labs to evaluate abnormal kidney function. It appears the patient had recently seen their primary care provider and was told that he/she was not concerned regarding the abnormal labs. Recommendation is for denial.