

Case Number:	CM13-0031110		
Date Assigned:	12/04/2013	Date of Injury:	09/21/2004
Decision Date:	01/15/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 and is licensed to practice in Oklahoma and Texas. 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 52-year-old male who sustained an injury on 09/21/2004 after he lost control of a semi-truck full of tomatoes which rolled down an embankment causing the patient to suffer a head trauma with cognitive deficits. The patient was diagnosed with a lumbar sprain, a shoulder sprain, lateral epicondylitis elbow region, and thoracic pain. According to the doctors noted dated 08/29/2013, the patient continues to have complaints of ongoing headaches at the base of his skull which radiates behind his eyes, pointing to the bitemporal areas, with occasional photosensitivity. He has further persisting neck and lower back pain and bilateral shoulder pain. On 04/24/2013, the patient underwent lumbar spine x-rays which revealed mild scoliosis and severe degeneration at the L5-S1 disc with osteophyte formation. Cervical spine x-rays were also taken on 04/24/2013 which revealed severe disc degeneration at C5-6 and C6-7. An EMG/nerve conduction study was performed on the left upper extremity which revealed C7 radiculopathy and EMG of the lumbar spine revealed S1 radiculopathy bilaterally. Also noted, there was a previous MRI of the cervical spine which revealed C6-7 disc protrusion and spondylitic change, as well as a lumbar spine MRI which revealed lumbar DJD (degenerative joint disease) at L4-5 and L5-S1, but no nerve contact. As of August 2013, the patient was taking the medications Norco, Pristiq, Mobic, Nexium, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI - cervical spine: 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), Treatment Index, 11th Edition (web), 2013, Neck & Upper Back, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

Decision rationale: California MTUS do not address MRIs. Therefore, California MTUS/ACOEM has been referred to this case, as well as Official Disability Guidelines. Under ACOEM it states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. However, as ACOEM do not address repeat MRIs, Official Disability Guidelines has been referred to in this area. Official Disability Guidelines state repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumors, infection, fracture, neurocompression, or recurrent disc herniation). As noted in the documentation, the patient has already undergone one cervical MRI which noted there was no nerve contact involved. Furthermore, the current documentation does not state the patient has any significant change in his pathology to warrant a new MRI of the cervical spine. As such, the requested service is not considered medically necessary at this time.

MRI - lumbar spine: 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), Treatment Index, 11th Edition (web), 2013, Low Back, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Magnetic resonance imaging.

Decision rationale: California MTUS do not address MRIs. Therefore, California MTUS/ACOEM and Official Disability Guidelines have been referred to in this case. Under ACOEM it does state unequivocal objective findings that identify specific nerve compromise on the neurologic examinations are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Under Official Disability Guidelines, repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumors, infection, fracture, neurocompression, or recurrent disc herniation). The patient has already undergone MRI of the lumbar spine which did reveal DJD at L4-5 and L5-S1, but no nerve contact was noted. Furthermore, as the documentation dated 08/29/2013 (being the most current clinical information), the patient does not have any noted significant change in his pathology that would warrant a repeat MRI of his lumbar spine at this time. As such, the requested service is non-certified.

Nexium 40mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSIADs, GI symptoms & cardiovascular risk Page(s): 68.

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

Decision rationale: California MTUS Guidelines state esomeprazole is a proton pump inhibitor which is used for patients with intermediate risk for gastrointestinal events, patients at risk for gastrointestinal events, and for treatment of dyspepsia secondary to NSAID therapy. Because the documentation provided for review does not specify any objective evidence of the patient having any GI disorders, bleeding, or peptic ulcers, the medical necessity for the use of Nexium is not established for this patient. Furthermore, it is unclear what medications the patient is currently taking; as the most current clinical notes are dated August 2013 (which is over four months ago). Therefore, the request for Nexium 40 mg is non-certified.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids., criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: According to California MTUS Guidelines for the criteria for the use of opioids, for ongoing management of pain it states the lowest possible dose should be prescribed to improve pain and function. As noted in the documentation dated 11/04/2010, the patient was using Norco at 7.5/325 mg tablets at that time. In the most recent documentation dated 08/29/2013, the patient has increased his dose of Norco to 10/325 mg. Under the California MTUS heading Tolerance and Addiction, it states opioid tolerance develops with repeated use of opioids and brings about the knee to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. Furthermore, it has also become apparent that analgesia is not always sustained over time and that pain may be improved with weaning of opioids. As such, due to the documentation not providing any objective information regarding the patient's efficacy using an opioid such as Norco, nor is there anything stating why his dose was increased to 10/325mg, the request for additional tablets or Norco at 10/325 mg is not considered medically appropriate at this time. As such, the requested service is non-certified.

X-rays - cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS and ACOEM state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 or 4 weeks period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, and failure to progress in a strengthening program intended to avoid surgery. The documentation provided for review states the patient has already undergone a cervical spine x-ray in 04/2013 which revealed severe disc degeneration at C5-6 and C6-7. Furthermore, the documentation does not specify any specific or significant pathologic changes in the patient since the previous x-rays were taken. Furthermore, any plan for surgery/invasive procedure is not specified in the records provided. With this information, the request for additional repeat x-rays of the cervical spine is not considered warranted in this patient. As such, the request is non-certified.

X-rays - lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to California MTUS and ACOEM, lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags or serious spinal pathology, even if the patient has persisted for at least 6 weeks. As noted in the documentation, the patient has already undergone lumbar spine x-rays in 04/2013 which revealed mild scoliosis and severe degeneration of L5-S1 disc with osteophyte formation. For additional and repeat x-rays of the lumbar spine to be warranted, the documentation would have had to show evidence of red flags or serious spinal pathology noted in the clinical evaluation. Furthermore, there is nothing in the documentation specifying the patient has tried and failed any form of conservative therapy including pharmacotherapy with rehabilitation efforts. Therefore, the request for repeat x-rays of the lumbar spine are not considered medically necessary in this case. As such, the requested service is non-certified.

Zanaflex 4mg, #30, 1-2 capsules in evening as needed for spasm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic/Antispasmodic Drugs, Tizanidine (Zanaflex) Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: According to California MTUS Guidelines, muscle relaxants for pain should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Although it states muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility, it does state that in most

low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. Furthermore, there is also no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. As noted in the documentation dated 11/04/2010, the patient has been already using Zanaflex 4 mg capsules for muscle spasms or muscle tension of the cervical spine and lumbar spine areas. However, the documentation lacks significant objective information regarding the use of Zanaflex. And because California MTUS Guidelines do not recommend the use of this medication for more than short-term use, the request for additional Zanaflex cannot be considered medically appropriate at this time. As such, the requested service is non-certified.