

<b>Case Number:</b>	CM13-0033282		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 55-year-old female with an 8/23/09 date of injury. At the time of request for authorization for Docusate/sennosides 50/8.6mg, #90, Hydrocodone/Apap 8/325mg, MRI of the cervical spine with contrast, follow-up in six (6) weeks, 90 Docusate/sennosides 50/8.6mg, and Hydrocodone/Apap 8/325mg, there is documentation of subjective findings (ongoing neck pain, low back, and left shoulder pain, and constipation and gastritis secondary to medication use) and objective findings (diffuse tenderness to palpation into the cervical and thoracic spine, as well as bilateral scapular regions, decreased cervical range of motion, diminished sensation of the bilateral C6-C8 dermatomes, decreased strength of the bilateral upper extremities, and limited range of motion of the bilateral shoulders with positive impingement signs). The imaging findings, an MRI of the cervical spine on 1/11/13, revealed degenerative disc disease and facet arthropathy with anterolisthesis C3-4 and retrolisthesis C4-5, moderate central canal stenosis at C3-4, C4-5 and C5-6, and moderate left neural foraminal narrowing at C5-6. The current diagnoses included chronic neck pain, cervical stenosis, bilateral shoulder arthralgia with impingement, cervical HNPS, and possible cervical syrinx. The treatment to date included Hydrocodone/APAP since at least 10/4/12 with an increased level of function; and a trial of Senna (docusate/sennosides), which helps minimize the constipation, and left shoulder surgery. In addition, the 8/7/13 medical report plan identifies a cervical MRI to evaluate for possible syrinx. Regarding the requested Hydrocodone/Apap 8/325mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding the requested MRI of the cervical spine with contrast, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which

a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **DOCUSATE/SENNOSIDES 50/8.6MG, #90: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation VA/DOD CLINICAL PRACTICE GUIDELINES FOR THE MANAGEMENT OF OPIOID THERAPY FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, OPIOID INDUCED CONSTIPATION, TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20, AND (<http://www.drugs.com/ppa/docusate.html>).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identify that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines identify that opioid-induced constipation is a common adverse effect of long-term opioid use. The Chronic Pain Guidelines identify documentation of a diagnosis/condition for which Docusate/sennosides are indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Docusate/sennosides. Within the medical information available for review, there is documentation of the diagnoses of chronic neck pain, cervical stenosis, bilateral shoulder arthralgia with impingement, cervical HNPS, and possible cervical syrinx. In addition, given documentation of ongoing treatment with opioids since at least 10/4/12, there is documentation of a diagnosis/condition for which Docusate/sennosides are indicated (chronic opioid use). Furthermore, given documentation that a trial of Senna (docusate/sennosides) helped minimize the patient's constipation, there is documentation of functional benefit or improvement as a result of use with Docusate/sennosides. Therefore, based on guidelines and a review of the evidence, the request for Docusate/sennosides 50/8.6mg, #90 is medically necessary.

#### **HYDROCODONE/APAP 8/325MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation TITLE 8, CALIFORNIA CODE OF REGULATIONS

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as the criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identify that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, cervical stenosis, bilateral shoulder arthralgia with impingement, cervical HNPS, and possible cervical syrinx. In addition, given the documentation of ongoing treatment with Hydrocodone/APAP since at least 10/4/12, with an increased level of function, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Hydrocodone. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/Apap 8/325mg is not medically necessary.

**MRI OF THE CERVICAL SPINE WITH CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ODG-TWC NECK AND UPPER BACK PROCEDURE SUMMARY (LAST UPDATED 05/14/2013).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MINNESOTA RULES, PARAMETERS FOR MEDICAL IMAGING.

**Decision rationale:** The MTUS/ACOEM Guidelines identify documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure as the criteria necessary to support the medical necessity of an MRI. The Official Disability Guidelines identify documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated, such as: to diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment); to follow up a surgical procedure; to diagnose a change in the patient's condition marked by new or altered physical findings as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, cervical stenosis, bilateral shoulder arthralgia with impingement, cervical HNPS, and possible cervical syrinx. In addition, there is documentation of a previous MRI of the cervical spine performed on 1/11/13. However, despite documentation of subjective findings (ongoing

neck pain) and objective findings (diffuse tenderness to palpation into the cervical and thoracic spine, as well as bilateral scapular regions, decreased cervical range of motion, diminished sensation of the bilateral C6-C8 dermatomes, and decreased strength of the bilateral upper extremities), and a plan identifying cervical MRI to evaluate for possible syrinx, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical spine with contrast is not medically necessary.

**FOLLOW-UP IN SIX (6) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE SUMMARY (LAST UPDATED 06/07/2013).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS, PAGE 127, AND THE OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, OFFICE VISITS.

**Decision rationale:** The ACOEM Guidelines indicate that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. The Official Disability Guidelines identify that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain, cervical stenosis, bilateral shoulder arthralgia with impingement, cervical HNPS, and possible cervical syrinx. However, despite documentation of subjective findings (ongoing neck pain, low back, and left shoulder pain, and constipation and gastritis secondary to medication use) and objective findings (diffuse tenderness to palpation into the cervical and thoracic spine, as well as bilateral scapular regions, decreased cervical range of motion, diminished sensation of the bilateral C6-C8 dermatomes, decreased strength of the bilateral upper extremities, and limited range of motion of the bilateral shoulders with positive impingement signs), there is no (clear) documentation of a recent flare-up or change in the patient's signs and symptoms that would necessitate a follow-up visit. In addition, there is no documentation of a rationale identifying the medical necessity of the requested follow-up visit. Therefore, based on guidelines and a review of the evidence, the request for follow-up in six (6) weeks is not medically necessary.