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| <b>Case Number:</b>   | CM13-0046809 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 11/21/2010 |
| <b>Decision Date:</b> | 02/26/2014   | <b>UR Denial Date:</b>       | 10/14/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/01/2013 |

### 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 47-year-old male with a date of injury of 11/21/2010. The listed diagnoses per [REDACTED] dated 09/19/2013 are: 1. Status post concussion with post traumatic headaches. 2. Cervical strain with disc bulges at C4-5 per MRI 3. Thoracic strain 4. Lumbar strain with radiculopathy 5. Right shoulder impingement and rotator cuff tear. 6. Bilateral carpal tunnel syndrome (status post CTR on 03/05/2013, debridement of TFCC tear on 03/05/2013 and left CTR on 09/10/2013. 7. Bilateral cubital tunnel syndrome 8. Secondary depression with anxiety due to chronic pain 9. Erectile dysfunction due to chronic pain According to report dated 09/19/2013 by [REDACTED], patient presents with daily headaches, neck pain, mid-back pain, low back pain, right shoulder pain, numbness and tingling in the hands and aching wrists, depression, and sexual dysfunction. Examination of the thoracic spine documents "inspection is negative". Palpation of parathoracic muscles showed mild to slight muscle spasm or tightness from T3-T8. Mild to slight tenderness of parathoracic muscles from T3-T8 noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request 1 Neurosurgery Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 127.

**Decision rationale:** This patient presents with daily headaches, neck pain, mid-back pain, low back pain, right shoulder pain, numbness and tingling in the hands and aching wrists, depressions, and sexual dysfunction. Treater requests "neurosurgery consultation with [REDACTED] for the lumbar spine with persistent left radicular symptoms and signs." 05/02/2013 MRI of the lumbar spine 1. 1-2 mm posterior bulge resulting in mild to moderate bilateral neural foramina narrowing in conjunction with facet hypertrophy at L2-3 level. 2. at L3-4 1-2mm posterior disc bulge without evidence of canal stenosis or neural foramina narrowing. 3. At L4-5 posterior annular tear is noted as well as 2mm posterior disc bulge resulting in mild right and moderate left neural foramina narrowing with facet joint hypertrophy. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 states 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." In this case, while the patient's lower back pain with MRI showing minimal changes may not constitute an "extremely complex" clinical problem, the patient's persistent chronic pain is a rather complex problem requiring multi-disciplinary involvement. Therefore request for 1 Neurosurgery Consultation is medically necessary.

**The request for 1 MRI of Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303.

**Decision rationale:** This patient presents with daily headaches, neck pain, mid-back pain, low back pain, right shoulder pain, numbness and tingling in the hands and aching wrists, depressions, and sexual dysfunction. Treater requests MRI of the thoracic spine due to "persistent mid back pain to rule out discogenic cause of the persistent pain." For special diagnostics, ACOEM guidelines states: "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." (Page 303). This patient does not present with an "unequivocal objective findings" that would include neurologic changes such as myotomal/dermatomal deficits. Therefore the request for 1 MRI of the Thoracic Spine is not medically necessary.

**The request for 8 Chiropractic visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines recommends as an option, trial of 6 visits over 2 weeks, with evidence of objective functional i.

**Decision rationale:** This patient presents with daily headaches, neck pain, mid-back pain, low back pain, right shoulder pain, numbness and tingling in the hands and aching wrists, depressions, and sexual dysfunction. Treater request 8 chiropractic visits for recent flare-up of lumbar, cervical and thoracic spine. Treater goes on to state patient recently received 6 visits through his private chiropractor as insurance company denied requests. Patient noted the sessions had been "very beneficial" and he was able to decrease medication use and increase function. Chronic Pain Medical Treatment Guidelines recommends as an option, trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. For recurrences/flare-ups re-evaluate treatment success and if RTW is achieved then 1-2 visits every 4-6 months. Treater does not indicate that return to work is achieved in this patient. However, it appears that the patient has tried chiro treatments already with benefit. Chronic Pain Medical Treatment Guidelines allows up to 18 sessions. Recommendation is for approval.

**The request for Unknown quantity of Tramadol 50mg: 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): 88,89.

**Decision rationale:** This patient presents with daily headaches, neck pain, mid-back pain, low back pain, right shoulder pain, numbness and tingling in the hands and aching wrists, depressions, and sexual dysfunction. Treater request Tramadol 50 mg for pain control. Chronic Pain Medical Treatment Guidelines, pg 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of Serotonin and Norepinephrine. Central analgesics drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain. Medical records show patient has been prescribed Tramadol since 02/27/2013 concurrently with Norco, until 03/20/2013 when Norco was discontinued and replaced with Percocet. It is unclear as to why Tramadol is prescribed, a weak synthetic opiate when the patient is already on a strong opiate. The treater does not separately mention what Tramadol is doing for this patient in terms of pain and function. It is unlikely that Tramadol is doing anything for this patient given concurrent use of Percocet and the treater does not provide documentation that it is. Chronic Pain Medical Treatment Guidelines require documentation of pain and functional assessment for chronic opiate use and in this case such documentation is not provided for Tramadol. Therefore the request for Unknown quantity of Tramadol 50mg is not medically necessary.

**The request for 90 Percocet 10/325mg: Upheld**

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

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

**Decision rationale:** This patient presents with daily headaches, neck pain, mid-back pain, low back pain, right shoulder pain, numbness and tingling in the hands and aching wrists, depressions, and sexual dysfunction. Treater requests Percocet 10/325mg #90 as needed for pain control. For chronic opiates use Chronic Pain Medical Treatment Guidelines ( pgs 88, 89) require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are required. Furthermore, under outcome measures, it also recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. Review of medical records dating 02/27/2013 to 09/19/2013 do not provide any discussions regarding pain reduction, specific functional changes and quality of life issues with the use of Percocet. The requested Percocet is not medically necessary.

**The request for Unknown Quantity of Flexeril 7.5mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmind, generic available), Page(s): 64.

**Decision rationale:** This patient presents with daily headaches, neck pain, mid-back pain, low back pain, right shoulder pain, numbness and tingling in the hands and aching wrists, depressions, and sexual dysfunction. Treater requests Flexeril 7.5mg for muscle spasms. Chronic Pain Medical Treatment Guidelines, pg 64 states Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The treater has prescribed a refill of Flexeril and records indicate patient has been taking this medication since 02/27/2013, possibly longer as this is the earliest report provided for review. Chronic Pain Medical Treatment Guidelines does not recommend long-term use of Flexeril. Chronic Pain Medical Treatment Guidelines recommends using 3-4 days for acute spasms and no more than 2-3 weeks. The requested Flexeril is not medically necessary.

**The request for Unknown quantity of Motron 800mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** This patient presents with daily headaches, neck pain, mid-back pain, low back pain, right shoulder pain, numbness and tingling in the hands and aching wrists, depressions, and sexual dysfunction. Treater requests Motrin 800mg for pain and inflammation. Utilization letter dated 10/14/2013 denied request stating "it did not appear from available documentation that previous use of this medication afforded any measurable improvements." Chronic Pain Medical Treatment Guidelines, pg 22 supports use of NSAIDs (f Non-Steroidal Anti-Inflammatory Drugs) or chronic LBP (lower back pain) as first line of treatment. The treater documents the patient's need for Motrin for pain and inflammation. The requested Motrin 800 is medically necessary.

**The request for 10 Viagra 100mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Baltimore (MD): American Urological Association Education and Research, Inc; 2005, various pg, 78.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA guidelines require comprehensive physical/examination and lab work-up for diagnosis of ED including medical, sexual and psychosocial evaluation.

**Decision rationale:** This patient presents with daily headaches, neck pain, mid-back pain, low back pain, right shoulder pain, numbness and tingling in the hands and aching wrists, depressions, and sexual dysfunction. Treater requests Viagra 100mg as needed for erectile dysfunction due to pain. The treater does not go into any details regarding the diagnosis. MTUS, ACOEM and ODG guidelines do not discuss Viagra specifically. AETNA guidelines, however, require comprehensive physical/examination and lab work-up for diagnosis of erectile dysfunction including medical, sexual and psychosocial evaluation. While Viagra is appropriate for Erectile Dysfunction, ED must be appropriately diagnosed. Therefore the request for 10 Viagra 100mg is not medically necessary.

**The request for 1 comprehensive metabolic panel (CBC): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin, School of Nursing: 2010 May 21, pg 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Page(s): 70. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** This patient presents with daily headaches, neck pain, mid-back pain, low back pain, right shoulder pain, numbness and tingling in the hands and aching wrists, depressions, and sexual dysfunction. Treater requests comprehensive metabolic panel and CBC to rule out end organ damage due to medication usage. Utilization review dated 10/14/2013 denied request stating "no underlying comorbidities, such as anemia, are in question" to

necessitate this test. Given patient's list of medication and history of use, a comprehensive metabolic panel CBC is reasonable at this juncture. Chronic Pain Medical Treatment Guidelines pg 70 under NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), states, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The requested comprehensive metabolic panel CBC is medically necessary.