

Case Number:	CM13-0060055		
Date Assigned:	12/30/2013	Date of Injury:	07/31/2011
Decision Date:	08/27/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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:

The injured worker is a 44-year-old female who has submitted a claim for discogenic cervical condition, right shoulder impingement, cervical sprain, neuralgia, thoracic sprain/strain, and lumbosacral neuritis associated with an industrial injury date of 07/31/2011. Medical records from 2013 to 2014 were reviewed. Treatment to date has included right shoulder subacromial decompression, chiropractic care x 6 visits, physical therapy, hot/cold modality, and medications such as Norco, Tylenol, Codeine, Flexeril, Prilosec, Tramadol, Medrox patch, Terocin lotion, and Acetadryl. The patient complained of constant right shoulder pain, intermittent mid-back and low back pain, and occasional cervical pain. Physical examination showed restricted motion of the cervical spine. Both Apprehension test and Yergason's test were positive. Patient was unable to perform Apley's scratch test. Muscle spasm was evident at paralumbar area. Right shoulder muscle strength was graded 4/5. Reflexes were normal. Gait was slow with even pace. Utilization review from 11/01/2013 denied the request for MRI of the cervical spine because there were no clinical findings that indicate any neurologic deficits, significant pathology or red flags that would warrant imaging studies; denied low back brace because there was no evidence of its effectiveness for chronic back pain; denied cervical pillow because there was no evidence that neck exercises were likewise ordered as recommended by the guidelines; denied cervical collar gel because benefits were only short-term; denied electromyography (EMG) of the upper extremities because there was no recent repeat neurological evaluation performed; denied transcutaneous electrical nerve stimulation (TENS) unit because there was no evidence that patient presented with neuropathic pain due to lack of objective findings; denied Remeron 15mg, #30 because it was unclear whether it was intended for neuropathy or depression; denied Flexeril 7.5mg, #60 because there was no evidence of acute exacerbation of any musculoskeletal complaints; denied Protonix 20mg, #60 because there were no risk factors

for gastrointestinal events; denied Tylenol #3, Qty 60 and Tramadol ER150mg, #30 because both were not recommended for use as a first line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE 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): 179-180.

Decision rationale: CA MTUS ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, the documented rationale for MRI is to assess neck pain with radiation of symptoms to the right arm, associated with numbness and tingling sensation. However, there was no comprehensive physical examination available to determine presence of neurologic dysfunction. The medical necessity cannot be established due to insufficient information. Therefore, the request for MRI of the cervical spine is not medically necessary.

LOW BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As stated on CA MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the documented rationale is for support with activity such as in prolonged standing and walking. Patient has been complaining of chronic back pain associated with an industrial injury date of 07/31/2011; however, the present request for a back brace as part of the conservative treatment regimen is outside the initial acute phase of injury and not supported by the guidelines. Therefore, the request for 1 low back brace is not medically necessary.

CERVICAL PILLOW: 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), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Pillow.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. It recommends the use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. In this case, cervical pillow was request as a form of support while sleeping. However, there was no evidence that the cervical pillow will be used in conjunction with an exercise program as recommended by the guidelines. The medical necessity cannot be established due to insufficient information. Therefore, the request for the cervical pillow is not medically necessary.

CERVICAL COLLAR, GEL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Collars (cervical).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, cervical collars are not recommended for neck sprains. They may be appropriate where postoperative and fracture indications exist. In this case, a cervical collar gel was requested for inflammation and pain. However, patient is not in a post-operative state, and there is no documentation regarding cervical fractures or instability. Therefore, the request for cervical gel collar is not medically necessary.

EMG OF THE UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the documented rationale for EMG is to

assess right-sided radiculopathy. However, there was no comprehensive physical examination available to determine presence of neurologic dysfunction. It is likewise unclear why EMG is being requested for the contralateral arm when patient did not report any symptoms involving the left upper extremity. The medical necessity cannot be established due to insufficient information. Therefore, the request for EMG of the upper extremities is not medically necessary.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Pain Page(s): 114 and 116.

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, the patient's symptoms persisted despite chiropractic care and physical therapy. Use of a TENS unit is a reasonable treatment option. However, medical records submitted and reviewed did not provide any evidence that patient is still continuing her home exercise program, which is a requisite adjunct for TENS. Moreover, as stated on page 116, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was no documentation submitted regarding specific goals that should be achieved with the use of TENS. The guideline criteria have not been met. In addition, the request did not specify body part to be treated and intended duration of use. Therefore, the request for TENS unit is not medically necessary.

REMERON 15MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Insomnia Treatment.

Decision rationale: CA MTUS does not specifically address this issue. As stated in ODG Pain Section, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The specific component of insomnia should be addressed in terms of: sleep onset, sleep maintenance, sleep quality and next-day functioning. Sedating antidepressant, such as Mirtazapine (Remeron), has been used to treat insomnia; however, there is less evidence to support their use for insomnia, but it may be an option in patients with coexisting depression. In this case, Remeron was prescribed as treatment for insomnia. However, there was insufficient information regarding patient's sleep hygiene, i.e. sleep onset, maintenance, and quality as stated by the guidelines above. It was likewise unclear if non-pharmacologic management had been

attempted first. The guideline criteria were not met. Therefore, the request for Remeron 15mg, #30 is not medically necessary.

FLEXERIL 7.5MG, #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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Flexeril since August 2013. Even though the most recent physical examination still showed presence of muscle spasm at the paralumbar area, long-term use of muscle relaxant is not guideline recommended. There is no documentation of recent exacerbation. Therefore, the request for 60 Flexeril 7.5mg is not medically necessary.

PROTONIX 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Protonix since August 2013 due to stomach upset from multiple oral medication intake. However, recent progress reports failed to identify patient's response to therapy. No gastrointestinal signs and symptoms were evident on the most recent notes. Therefore, the request for 60 Protonix 20mg is not medically necessary.

TYLENOL #3, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Opioids for Chronic Pain Page(s): 35, 80.

Decision rationale: Tylenol #3 (tylenol with codeine) is a brand name for acetaminophen with codeine. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 35, codeine is recommended as an option for mild to moderate pain. Page 80 states that opioids appear to be efficacious for chronic back pain but limited for short-term pain relief. There is no evidence to recommend one opioid over another. In this case, the patient has been on Tylenol since 2011. However, progress report from 01/23/2014 cited that patient only reported minimal benefits from its use. There is no clear indication for continuing Tylenol treatment at this time. Therefore, the request for Tylenol #3, Qty 60 is not medically necessary.

TRAMADOL ER 150MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Tramadol since August 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for 30 Tramadol ER, 150mg is not medically necessary.