

Case Number:	CM13-0069287		
Date Assigned:	07/02/2014	Date of Injury:	01/10/2011
Decision Date:	09/05/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old woman who sustained a work related injury on January 10, 2011. Subsequently, she developed left shoulder, low back, head and knee pain. A note dated on December 4, 2013 the patient rates the severity of the pain as 6/10. The pain is associated with tingling and numbness in both arms, hands, legs, and feet, as well as weakness in both arms, hands, and legs. Neck pain being moderate in intensity and constant in frequency. An examination of the shoulders revealed range of motion to forward flexion is 90 degrees, abduction 100 degrees, external rotation 40 degrees, internal rotation 50 degrees, and extension 10 degrees. There is tenderness to palpation over the posterior aspect of the left shoulder, a positive Hawk's test and positive crossed arm abduction tests bilaterally, and a positive drop arm test on right and positive yergason's test on left negative on right. An examination of the lumbar spine revealed range of motion limited in forward flexion and extension. Rotation is limited. Inspection of the lumbar spine revealed no asymmetry or scoliosis. There is normal alignment with normal lumbar lordosis. There is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There is no spinous process tenderness or masses palpable along the lumbar spine. There is negative lumbar facet loading maneuver bilaterally. There is negative straight leg raise test, right side positive in the seated position. The sensory exam revealed a diminished sensation in the left C7 and C8 dermatomes of the upper extremities. There is diminished sensation in the right L5 and S1 dermatomes of the lower extremities. An EMG study dated September 16, 2013 showed an abnormal electrodiagnostic exam. The study revealed electrodiagnostic evidence suggestive of a lumbar radiculopathy involving the bilateral L5/S1 nerve roots. Clinical correlation with imaging studies is recommended. An MRI of the right shoulder dated October 9, 2013 revealed supraspinatus and infraspinatus partial thickness tearing and tendonosis and glenohumeral joint effusion. The patient was diagnosed with

displacement of the lumbar intervertebral disc without myelopathy. The patient stated received one epidural and one facet injection, that neither of them helped. She attended 6 sessions of acupuncture treatment and stated it did not help. The provider requested authorization for a spine surgery consultation and to use the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINE SURGERY CONSULTATION AND AN ORTHOPEDIC CONSULTATION FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for an evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks." There is no documentation that the patient is candidate for surgery. There is no documentation that the patient response to pain therapy falls outside the expected range. In addition, there is no documentation of red flags indicating the need for an orthopedic consultation. Therefore, the request for a spine surgery consultation and an orthopedic consultation for the right shoulder is not medically necessary.

FLEXERIL 7.5 MG, # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations

in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity the patient and no clear justification of continuous use of Flexeril. Therefore the request for authorization Flexeril 7.5 MG, # 60 is not medically necessary.

NAPROXEN 550 MG, # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines, Naproxen is indicated for pain management of chronic neck or back pain. According to the patient file, there is no documentation of flare of osteoarthritis pain. Therefore, the prescription of 60 Naproxen 550mg is not medically necessary.

ULTRAM 150 MG, # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear documentation of pain and functional improvement with previous use of the Ultram. There is no clear documentation of continuous documentation of

patient compliance to his medications. Therefore, the prescription of Ultram 150 MG, # 30 is not medically necessary.

PRILOSEC 20 MG, # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is taking NSAID or have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg#60 prescription is not medically necessary.

TRAZODONE 50 MG # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia." Int J Psychiatr Nurs Res 10(1): 1146-1150.

Decision rationale: There is no clear evidence that the patient was diagnosed major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. In addition, there is no recent documentation of insomnia. Therefore, the request for Trazodone is not medically necessary.