

<b>Case Number:</b>	CM13-0071373		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 female with a work injury dated November 4, 2011. The diagnoses include cephalgia, cervical spine strain/sprain with radiculopathy, left shoulder, elbow and wrist tendinitis, upper thoracic spine sprain/strain stomach irritation. There are request for Meloxicam, Prilosec, Soma, electromyogram (EMG) of the bilateral upper extremities, nerve conduction velocities (NCV) of the bilateral upper extremities, updated cervical MRI. There is a November 4, 2013 primary treating physician document, which states that the patient complains of headaches. She has complaints of neck pain that extends into the left scapular region. Additionally, she has soreness as well as numbness and tingling in the arm and affecting the last three fingers. She also has complaints of middle back pain and pain in both her wrist with weakness in both hands. Furthermore, she states that she has stomach irritation due to continued use of medication. Her current medications include Meloxicam; Omeprazole; muscle relaxer as needed. On physical exam of the cervicothoracic spine reveals there is tenderness and pain of the para axial musculature. The pain radiates to the left shoulder and down into the left upper extremity with numbness and tingling to the left hand. Right and left rotation of the cervical spine is limited to 40 degrees, with pain; extension is to 20 degrees; flexion is to 30 degrees. There is weakness of the left hand. There is also some weakness to the right hand. There is numbness in the C7-C8 dermatome distribution. There is possible ulnar nerve entrapment at the cubital fossa. Examination of the left shoulder reveals limited range of motion, with abduction and elevation up to 160 degrees. Right shoulder range of motion is intact, with abduction and elevation to 180 degrees. Examination reveals tenderness at the mid thoracic area with pain to localized pressure. Reflexes: Biceps, triceps, and brachioradialis are 2/4, bilaterally. X-rays of the cervical spine show some osteoporosis and slight degenerative changes. X-rays of the

thoracic spine show osteophytic formation with multiple levels of degenerative changes. The provider is recommending obtaining an updated MRI scan of the cervical spine and EMG/NCV studies of the upper extremities. The patient was placed on symptomatic medications, including Soma (muscle relaxant); Meloxicam (anti-inflammatory); and Prilosec due to stomach irritation and blood in the urine.

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

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

#### **UPDATED MRI OF THE CERVICAL SPINE: Upheld**

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

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

**Decision rationale:** An updated MRI of the cervical spine is not medically necessary. The ACOEM Guidelines state that the criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The patient had a cervical MRI in December of 2011. The ACOEM Guidelines state that when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Therefore, the request for a cervical MRI is not medically necessary.

#### **SOMA: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant, Soma.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Muscle relaxants Page(s): 63, 65.

**Decision rationale:** Soma is not medically necessary. Although the patient has spasms documented on clinical exam the guidelines do not recommend this medication for more than a 2-3 weeks period and states that this is second line for acute exacerbations of chronic low back pain. The submitted documentation reveals that the patient has been on this since at least January of 2012. The documentation does not reveal evidence of muscle spasm. The request does not indicate a dose, frequency or amount of Soma. Therefore, the request for Soma is not medically necessary.

#### **MELOXICAM: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69-72.

**Decision rationale:** Meloxicam is not medically necessary. The guidelines state that the lowest effective dose is to be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The documentation indicates that the patient has stomach irritation from medications. The California MTUS Guidelines state that the treatment of dyspepsia secondary to NSAID therapy can include stopping the NSAID, switching to a different NSAID, or consider H2-receptor antagonists or a proton pump inhibitor (PPI). The documentation does not indicate that there have been significant functional benefits from Meloxicam. Furthermore, the patient is complaining of stomach irritation from the continued use of medication. Therefore, the request for Meloxicam is not medically necessary.

**PRILOSEC:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation The websites Medscape.com and Drgus.com

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Prilosec is not medically necessary. According to the California MTUS guidelines a proton pump inhibitor (PPI) can be used if the patient is (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). The Chronic Pain Medical Treatment Guidelines do not support Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. Guidelines also state that as a treatment of dyspepsia secondary to NSAID therapy the treatment choices can include stopping the NSAID, switching to a different NSAID, or considering an H2-receptor antagonists or a PPI. The documentation indicates that the patient has only dyspepsia from medication use. Therefore, the request for Prilosec is not medically necessary.