

<b>Case Number:</b>	CM14-0008365		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/21/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopedic Surgery 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:

This 47 year old male reported industrial injury on 11/21/10. Exam notes from 12/19/13 demonstrate multiple musculoskeletal complaints. Complaints noted of headaches, neck pain radiating to the right arm, low back pain, right shoulder pain, depression and erectile dysfunction. Claimant is status post left carpal tunnel release 9/10/13. The exam demonstrates normal neurologic examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurosurgery Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**Decision rationale:** CA MTUS/ACOEM guidelines, low back complaints, page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. There is no evidence in the cited records of significant and specific nerve root compromise or confirmed diagnostic study to warrant referral to a neurosurgeon or specialist. Therefore, the request is not medically necessary and appropriate.

**Single Position MRI of the Thoracic Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Neck & Upper Back.

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

**Decision rationale:** CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, pgs 177-178 recommends MRI of the thoracic spine when there is a red flag, evidence of tissue insult or neurologic dysfunction. In this case the cited records do not demonstrate any of these conditions that would warrant an MRI of the thoracic spine. Therefore, the request is not medically necessary and appropriate.

**8 Chiropractic Physical Therapy Visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

**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.

**Decision rationale:** Recommended as a trial of 6 visits over 2 weeks according to the ODG. As the request exceed the recommended amount, the determination not medically necessary and appropriate.

**Tramadol 50mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 93-94.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, Tramadol is considered a second line agent when first line agents such as Non-Steroidal Anti-Inflammatory Drugs (NSAID) fail. There is insufficient evidence of failure of primary over the counter non-steroids or moderate to severe pain to warrant Tramadol. Therefore use of Tramadol is not medically necessary and it is not medically necessary and appropriate.

**Percocet 10/325mg #90: 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): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without functional improvement. Therefore, the request is not medically necessary and appropriate.

**Flexeril 7.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

**Decision rationale:** Specifically with regards to Flexeril, the CA MTUS Chronic Pain Medical Treatment Guidelines page 41 state, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril®) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended." In this particular case the patient has no evidence of acute low back pain to warrant use. Therefore is not medically necessary and not medically necessary and appropriate.

**XANAX .25MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to the CA Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. " Therefore the request for Xanax is not medically necessary and is not medically necessary and appropriate.

**EVG Test:** 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)

**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: American Speech Hearing Association.

**Decision rationale:** According to the American Speech Hearing Association, regarding EVG test is to perform a three component screen with tests for hearing disorder, hearing impairment and hearing disability. In this case there was a prior certification on 10/8/13. There is no medical necessity for another EVG test. Therefore is not medically necessary and not medically necessary and appropriate.

**Comprehensive Metabolic Panel and Complete Blood Count (CBC):** Upheld

**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, Family Nurse Practitioner Program. Evaluation of Hair Loss in Adult Women.Austin(TX):University of Texas at Austin, School of Nursing; 2010 May 21. 18 P

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 70. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , NSAIDS, 70

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines recommend period monitoring when ongoing medications are prescribed. As the prior requested medications are not medically necessary the determination is not medically necessary and not medically necessary and appropriate for the Complete Blood Count (CBC).