

Case Number:	CM14-0013561		
Date Assigned:	02/26/2014	Date of Injury:	02/23/2011
Decision Date:	06/26/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 applicant has filed a claim for chronic posttraumatic headaches, chronic pain syndrome, and chronic right upper extremity pain reportedly associated with an industrial injury of February 23, 2011. Thus far, the applicant has been treated with the following: analgesic medications; MRI (magnetic resonance imaging) of lumbar spine of August 23, 2013, notable for multilevel disk protrusion and degenerative changes of uncertain clinical significance; earlier cervical fusion surgery; cervical MRI imaging of September 24, 2013, notable for multilevel fusion surgery at C4 through C6; unspecified amounts of physical therapy over the life of the claim; and the apparent imposition of permanent work restrictions. It does not appear that the applicant returned to work with permanent limitations in place. In a Utilization Review Report dated January 14, 2014, the claims administrator denied a neurology consultation for headaches, denied a psychology consultation as a precursor to proceed with a spinal cord stimulator trial, and denied a request for Protonix. Norco was apparently partially certified at 60 out of 120 tablets requested, reportedly for weaning purposes. The claims administrator reportedly cited ACOEM guidelines in its decision to deny the neurology consultation; however, the text of the guideline cited did not conform to ACOEM. Non-MTUS Official Disability Guidelines (ODG) was also cited in the decision to deny Protonix. The applicant's attorney subsequently appealed. A December 2, 2013 progress note is notable for comments that the applicant reported daily, constant, and worsening headaches, which were reportedly made manageable and tolerable with Imitrex. Today however, the applicant's primary complaint was a painful 10/10 headache which made it difficult for the applicant to function and was bringing tears to the applicant's eyes. The applicant also reports 10/10 shoulder pain and 10/10 upper and lower back pain. The applicant reported complaints of heartburn, it was further noted. The applicant's medication list included Flexeril, Fexmid, Medrol, Norco, Imitrex, Neurontin, and Norco. The applicant was given

diagnosis of cervical radiculopathy status post failed cervical fusion surgery, shoulder impingement syndrome, chronic regional pain syndrome of the right arm status post cervical fusion, low back pain, shoulder pain, and left wrist pain. Imitrex, Fexmid, Protonix, Norco, had psychiatry consultation as a precursor to pursuit of spinal cord stimulator trial, and neurology consultation were sought while the applicant is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE NEURO CONSULT FOR HEADACHES: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary. In this case, the applicant has persistent complaints of headache, reportedly severe and disabling. The applicant has failed to return to work. The headaches have proven recalcitrant to abortive management with Imitrex. Obtaining added expertise of physician specializing in migraine headaches, namely a neurologist, is indicated. Therefore, the request is medically necessary.

ONE PSYCH CONSULT FOR SPINAL CORD STIMULATOR TRIAL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulator).

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are "recommended," pre-intrathecal drug delivery system and spinal cord stimulator trial. In this case, the applicant is reportedly contemplating a spinal cord stimulator trial. Contrary to what was suggested by the claims administrator, the applicant reportedly carries diagnosis of chronic regional pain syndrome and/or failed back syndrome following earlier failed spine surgeries, multiple. The applicant could potentially be a candidate for a spinal cord stimulator trial, then, contrary to what was suggested by the claims administrator. Therefore, the proposed precursor psychological evaluation is indicated, medically necessary, and supported by the MTUS guidelines.

FEXMID 7.5 MG QUANTITY 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL®, AMRIX®, FEXMID₆, GENERIC AVAILABLE).

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications, including Norco, Protonix, Imitrex, etc. Adding cyclobenzaprine or Fexmid to the mix is not indicated. Therefore, the request is not medically necessary.

NORCO 10;325 MG QUANTITY 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-83, 95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not been met. The applicant is off of work, on total temporary disability. The applicant has failed to return to work. The applicant's pain scores are still reported as severe, 10/10, despite ongoing Norco usage. There is no evidence of improved functioning achieved as a result of ongoing Norco therapy. Therefore, the request is not medically necessary.

PROTONIX 20 MG QUANTITY 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, Page(s): 69.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Protonix are indicated in the treatment of non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia. In this case, the applicant was described as reporting dyspepsia/heartburn on an office visit of December 12, 2013, either stand-alone or as a result of steroid usage with Medrox. By implication, usage of Protonix to combat the same is/was indicated and appropriate. Therefore, the request is medically necessary.

