

Case Number:	CM14-0125928		
Date Assigned:	08/15/2014	Date of Injury:	02/03/2003
Decision Date:	09/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 62 year old with an injury date on 2/3/03. Patient complains of intermittent bilateral cervical pain rated 9/10, back stiffness, and bilateral shoulder pain rated 7/10 per 7/22/14 report. Patient reports that turning to the right and H-wave treatments worsen the cervical pain, and that lifting worsens the shoulder pain per 7/22/14 report. Based on the 7/22/14 progress report provided by [REDACTED] the diagnoses are: 1. AME [REDACTED] in 2007 indicated that she had chronic cervical degenerative disc disease with cervical radiculopathy, tendinitis of the right and left shoulder, lateral epicondylar of the right elbow and bilateral carpal tunnel syndrome. 2. Likely cervical facet capsular tears bilaterally, right greater than left, at C2-3, C3-4 and C5-6 causing axial spinal pain and posterior occipital headaches, cervical disc disruption of the cervical spine. 3. Adhesive capsulitis, left shoulder. 4. Focal entrapment neuropathy across elbows and wrists. 5. Epicondylitis. 6. Significant deconditioning and secondary myofascial pain. 7. Marked and significant increase in pain 2-3/10 to 7-9/10, marked decompensation in functional capacity, inability to participate in routine activities of daily living, and increase in sedentary activity with the discontinuation of medications through UR inappropriately. 8. Evaluated by [REDACTED] on November 19, 2009. He indicated that she has left rotator cuff impingement, possible rotator cuff tear and AC joint arthrosis. 9. Left shoulder MRI showed a 13-mm distraction gap on 5/12/09. Superior impression on the musculoskeletal junction portion of rotator cuff from fairly prominent AC joint that is inferior ridging, spurring, or prominent joint capsule. The coronal images suggested partial distal supraspinatus tear with a 13 to 15 mm distraction gap and the correlation is needed regarding the incidence of this finding. 10. On 07/21/11, the right shoulder MRI shows AC joint osteoarthritis that may contribute to impingement of the patient's subacromial and subdeltoid bursitis, supraspinatus, infraspinatus,

and subscapularis tendonitis with no MRI evidence of rotator cuff tear or muscle atrophy above the shoulder.11. ██████ requested orthoscopic evaluation on 3/5/13 for what is likely a significant and likely full thickness tear of the supraspinatus muscle right shoulder.12. ██████ requested DRDB of the cervical spine C4-C7 on 2/27/13, right sided and RF if indicated.13. Request for orthoscopic evaluation of her right shoulder with ██████ per the assessment on April 26th Exam on 7/22/14 showed "normal gait. C-spine shows no pain to palpation over C2-C5 facet capsules, but secondary myofascial pain with triggering, banding, and spasm bilaterally. Decreased range of motion of bilateral shoulders. Deep tendon reflexes are normal." ██████ is requesting Pristiq 50MG #25, Pennsaid 1.5%, Topamax refill (no dosage/quantity listed), Naprosyn refill (no dosage/quantity listed), Lidoderm patch 5% (no dosage/quantity listed), dorsal diagnostic block, cervical spine right C4-7 Qty #1, diagnostic cervical medial branch blocks (right C4-C7), and urine drug screen Qty #1. The utilization review determination being challenged is dated 8/7/14 and rejects urine drug screen due to lack of indications patient is at risk for drug abuse. ██████ is the requesting provider, and he provided treatment reports from 1/23/14 to 7/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg Qty#35: 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 PRISTIQ (desvenlafaxine) SNRI class Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: This patient presents with neck pain, back pain, and shoulder pain. The treating physician has asked for Pristiq 50MG #25 on 7/22/14. Patient has been taking Pristiq since at least 2/17/14 report. Regarding antidepressants for chronic pain, MTUS recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Pristiq (desvenlafaxine) is a serotonin and norepinephrine reuptake inhibitor (SNRI). ODG recommends for depression and neuropathic pain, especially if Tricyclics are ineffective, poorly tolerated, or contraindicated. In this case, the patient has been taking Pristiq for 5 months with no indication of effect on pain and function in relation to its use. Regarding medications for chronic pain, MTUS pg. 60 states treating physician must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. Due to lack of documentation, requested Pristiq 50MG #25 is not indicated for the patient at this time. Request is not medically necessary.

Pennsaid 1.5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation ODG-TWC, Pain Chapter, Pennsaid® (diclofenac sodium topical solution).

Decision rationale: This patient presents with neck pain, back pain, and shoulder pain. The treating physician has asked for Pennsaid 1.5% on 7/22/14. Patient has been using Pennsaid since at least 2/17/14 report. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. Pennsaid is diclofenac sodium topical solution, similar in composition to Voltaren Gel (diclofenac). According to ODG, Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the patient does present with severe osteoarthritis of the neck with a recent increase in symptomology. However, ODG does not recommend topical NSAID use for the spine. Request is not medically necessary.

Topamax refill (no dosage/quantity listed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topamax; Other Antiepileptic Drugs Page(s): 16-22; 21.

Decision rationale: This patient presents with neck pain, back pain, and shoulder pain. The treating physician has asked for Topamax refill (no dosage/quantity listed). Review of the presented records indicates that patient was taking Topamax on 1/23/14 report. Regarding Topiramate (Topamax, no generic available) MTUS recommends for neuropathic pain when other anticonvulsants fail. It has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. In this case, an anticonvulsant such as Topamax may be indicated for the patient's potential neuropathic pain but the treating physician does not discuss this medication's efficacy. There is no dosage or frequency with the prescription. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Request is not medically necessary.

Naprosyn refill (no dosage/quantity listed): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: This patient presents with neck pain, back pain, and shoulder pain. The treating physician has asked for Naprosyn refill (no dosage/quantity listed). Patient was not

taking Naproxyn on 2/17/14 report, but was on Celebrex. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient presents with chronic arthritis of the cervical spine. It appears treating physician is attempting a switch from oral Celebrex to Naprosyn but does not explain why. Given the patient's chronic pain, and MTUS support for NSAIDs, request is medically necessary.

Lidoderm patch 5% (no quantity listed Refill#3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57.

Decision rationale: This patient presents with neck pain, back pain, and shoulder pain. The treating physician has asked for Lidoderm patch 5% (no dosage/quantity listed). Review of reports shows patient has no history of taking Lidoderm. Regarding topical lidocaine, MTUS recommends it for "localized peripheral pain," that is neuropathic, after other agents have been tried and failed. In this case, the patient presents with arthritis of the cervical spine. Lidoderm patches are not indicated for chronic neck pain, but peripheral neuropathic pain. In addition, there is no dosage or quantity listed with the request. Request is not medically necessary.

Dorsal Rami diagnostic block, Cervical Spine Right C4-7 Qty# 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines - TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175; 300-301. Decision based on Non-MTUS Citation Official Disabilities Guidelines - TWC. Neck Chapter, for facet joint injections.

Decision rationale: This patient presents with neck pain, back pain, and shoulder pain. The treating physician has asked for dorsal diagnostic block, cervical spine right C4-7 Qty #1 on 7/22/14. Regarding facet injections, ODG guidelines require non-radicular pain, normal sensory exam, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the examination showed facet joint dysfunction and normal sensory results. The patient does not present with radicular symptoms either. Evaluation of the facet joints at two levels appears reasonable and consistent with ODG guidelines. Request is medically necessary.

Diagnostic cervical medial branch nerve blocks (right C4-C7): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines - TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174-175; 300-301. Decision based on Non-MTUS Citation Official Disabilities Guidelines-TWC Neck Chapter, for facet joint injections.

Decision rationale: This patient presents with neck pain, back pain, and shoulder pain. The treating physician has asked for dorsal diagnostic block, cervical spine right C4-7 Qty #1 on 7/22/14. Regarding facet injections, ODG guidelines require non-radicular pain, normal sensory exam, a failure of conservative treatment, with no more than 2 levels bilaterally. In this case, the examination showed facet joint dysfunction and normal sensory results. The patient does not present with radicular symptoms either. Evaluation of the facet joints at two levels appears reasonable and consistent with ODG guidelines. Request is medically necessary.

Urine Drug Screen Qty#1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

Decision rationale: This patient presents with neck pain, back pain, and shoulder pain. The treating physician has asked for urine drug screen Qty #1 on 7/22/14. Patient last had a urine drug screen on 11/11/13. Patient is taking Norco per 7/22/14 report. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the treating physician has asked for drug screen to monitor current opiate usage which is in line with MTUS guidelines. Request is medically necessary.