

Case Number:	CM14-0152106		
Date Assigned:	09/22/2014	Date of Injury:	08/05/2012
Decision Date:	11/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 36-year-old male who has submitted a claim for cervical disc displacement, cervical radiculopathy, cervical sprain / strain, thoracic sprain / strain, lumbar disc displacement, lumbar radiculopathy, lumbar sprain / strain, left rotator cuff sprain / strain, left ulnar nerve entrapment, right ulnar nerve entrapment, left carpal tunnel syndrome, and right carpal tunnel syndrome associated with an industrial injury date of 08/05/2012. Medical records from 2013 to 2014 were reviewed. The patient complained of intermittent aching pain at the neck, aggravated by movement. The patient likewise reported low back pain radiating to the right foot, aggravated by movement and prolonged positioning. He complained of severe thoracic spine pain, aggravated by flexion. He also experienced frequent numbness of the right wrist, radiating to the right elbow. There was soreness at the base of the right second metacarpal bone. Grasping and repetitive movements aggravated pain. The patient also complained of frequent numbness of the left wrist. Physical examination of the cervical spine showed muscle guarding, restricted motion, and positive cervical compression test. Exam of the elbows and wrists showed no tenderness, with normal range of motion. Both Tinel's sign and Phalen's test were positive bilaterally. Sensation was diminished at right C6 and left C7 dermatomes. Physical examination of the lumbar spine showed muscle guarding, restricted motion, and positive Lasegue test bilaterally. Sensation was diminished at right L4 dermatome. CT scan of the lumbar spine, dated 8/1/2014, demonstrated diffuse disc bulge with left paracentral component at L4-L5, causing severe central canal stenosis and left lateral recess narrowing. Urine drug screen from 12/26/2013 showed inconsistent result with prescription medications. Treatment to date has included medications such as Norco, Prilosec, topical cream, and Medrox patch (since 2013). Utilization review from 09/08/2014 denied the request for Norco 10/325mg #120 because of no clear detail concerning overall functionality with medication use; denied Prilosec 20mg #90 because it was unclear why

over-the-counter medication cannot suffice; denied CMPD: Flurbiprofen/Diclofenac because of limited published studies concerning its efficacy and safety; denied X-Ray A/P and Lateral Right Elbow, X-Ray A/P and Lateral Right Wrist, X-Ray A/P and Lateral Right Hand, and X-Ray A/P and Lateral Thoracic Spine because of no documented indication and unclear reasons how it would affect treatment plans; and denied Cervical Epidural Steroid Injection Right C6-7 and Lumbar Epidural Steroid Injection Right L4-5 because of no clear discussion if patient underwent an epidural steroid injection in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen from 12/26/2013 also showed inconsistent result with prescription medications. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Prilosec since 2013. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the

aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Prilosec 20mg #90 is not medically necessary.

Compound: Flurbiprofen/Diclofenac: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for Diclofenac in the California MTUS. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Flurbiprofen, which is not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Compound: Flurbiprofen/Diclofenac is not medically necessary.

X-Ray A/P and Lateral Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Section, Radiography (x-rays)

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to the Official Disability Guidelines, radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. Those patients with normal extension, flexion and supination do not require emergent elbow radiographs. In this case, patient complained of frequent numbness of the right wrist, radiating to the right elbow. Physical examination of the elbows and wrists showed no tenderness, with normal range of motion. There was not enough evidence to warrant radiographic imaging of the elbow. There was no localized elbow pain and no significant physical exam findings to warrant x-ray. The medical necessity was not established. Therefore, the request for X-Ray A/P and Lateral Right Elbow is not medically necessary.

X-Ray A/P and Lateral Right Wrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Radiography

Decision rationale: The California MTUS does not specifically address radiography of the hands and wrist. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to the Official Disability Guidelines, radiography of the hands and wrist is recommended in cases of acute hand or wrist trauma and chronic wrist pain. In this case, patient experienced frequent numbness of the right wrist, radiating to the right elbow. There was soreness at the base of the right second metacarpal bone. Grasping and repetitive movements aggravated pain. Physical examination of the wrist showed no tenderness, with normal range of motion. Both Tinel's sign and Phalen's test were positive bilaterally. Sensation was diminished at right C6 and left C7 dermatomes. Given that patient presented with chronic wrist pain since 2012 despite intake of medications, the medical necessity for x-ray had been established. Therefore, the request for X-Ray A/P and Lateral Right Wrist is medically necessary.

X-Ray A/P and Lateral Right Hand: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Radiography

Decision rationale: The California MTUS does not specifically address radiography of the hands and wrist. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to Official Disability Guidelines, radiography of the hands and wrist is recommended in cases of acute hand or wrist trauma and chronic wrist pain. In this case, patient experienced frequent numbness of the right wrist, radiating to the right elbow. There was soreness at the base of the right second metacarpal bone. Grasping and repetitive movements aggravated pain. Physical examination of the wrist showed no tenderness, with normal range of motion. Both Tinel's sign and Phalen's test were positive bilaterally. Sensation was diminished at right C6 and left C7 dermatomes. Given that patient presented with chronic hand pain since 2012 despite intake of medications, the medical necessity for x-ray had been established. Therefore, the request for X-Ray A/P and Lateral Right hand is medically necessary.

X-Ray A/P and Lateral Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Low Back, Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by California MTUS, guidelines support x-ray of the thoracic spine in patients with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery. In this case, patient complained of severe thoracic spine pain, aggravated by flexion. However, there was not enough physical examination finding to warrant x-ray. There was no new trauma to necessitate radiographic imaging. The medical necessity cannot be established due to insufficient information. Therefore, the request for X-Ray A/P and Lateral Thoracic Spine is not medically necessary.

Cervical Epidural Steroid Injection Right C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, patient complained of intermittent aching pain at the neck, aggravated by movement. He also experienced frequent numbness of the right wrist, radiating to the right elbow. Physical examination of the cervical spine showed muscle guarding, restricted motion, and positive cervical compression test. Both Tinel's sign and Phalen's test were positive bilaterally. Sensation was diminished at right C6 and left C7 dermatomes. However, there was no imaging or electrodiagnostic study to corroborate presence of radiculopathy. Moreover, there was no evidence of failure of conservative management, including physical therapy. Guideline criteria were not met. Therefore, the request for Cervical Epidural Steroid Injection Right C6-7 is not medically necessary.

Lumbar Epidural Steroid Injection Right L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, patient reported low back pain radiating to the right foot, aggravated by movement and prolonged positioning. Physical examination of the lumbar spine showed muscle guarding, restricted motion, and positive Lasegue test bilaterally. Sensation was diminished at right L4 dermatome. CT scan of the lumbar spine, dated 8/1/2014, demonstrated diffuse disc bulge with left paracentral component at L4-L5, causing severe central canal stenosis and left lateral recess narrowing. However, clinical manifestations were not consistent with radiculopathy to warrant ESI. Moreover, there was no evidence of failure of conservative management, including physical therapy. Guideline criteria were not met. Therefore, the request for Lumbar Epidural Steroid Injection Right L4-5 is not medically necessary.