

<b>Case Number:</b>	CM14-0155606		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/09/2001
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 & Rehabilitation and Pain Management, 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 63-year-old female with date of injury of 02/09/2001. The listed diagnoses per [REDACTED] are: 1. Low back pain.2. Chronic pain syndrome.3. History of L2 through L5 anterior-posterior fusion.4. Cervical discogenic disease.5. Cervical facetogenic disease.6. Severe psychiatric depression.7. History of detox from narcotics and narcotic abuse.8. Right trochanteric bursitis.According to progress report 08/28/2014, the patient has had 2 lumbar spine surgeries, one in 1997 and one in 2002 and continues with significant low back pain. She also has complaints of neck pain and right hip pain. Her neck pain is bilateral and radiates up to the head causing headaches. Examination of the cervical spine revealed tenderness in the upper facets more on the right and mild tenderness at the paracervical muscles. Range of motion of the cervical spine is severely limited in bilateral rotation and decreased in the left lateral bending causing pain. The treater is requesting cervical spine MRI, Ropinirole 1 mg #90 with 3 refills, Orphenadrine ER 100 mg #60 with 3 refills, Nexium 40 mg #30 with 3 refills, and naltrexone 5 mg #30 with 3 refills. Utilization review denied the request on 09/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Magnetic Resonance Imaging (MRI) with and without Contrast: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, MRI

**Decision rationale:** This patient presents with neck pain that radiates into the head causing headaches. The treater is requesting an MRI of the cervical spine. ODG Guidelines recommends MRI studies for chronic neck pain after 3 months of conservative treatment, when radiographs are normal, and neurologic signs or symptoms are present. The medical file provided for review includes progress reports from 04/09/2014 through 08/28/2014. There is no discussion of prior MRI of the cervical spine. The utilization reviewer indicates that the patient has had a cervical MRI in the past. In this case, the treater is concerned of the patient's continued neck pain with radicular symptoms. It appears the patient has had cervical imaging in the past; however, the date of the MRI and the results of this prior imaging are unknown. The treater does not discuss prior MRI findings. The treater would like an updated MRI of C-spine given the patient's worsening symptoms. However, there are no red flags, no progression of neurologic deficit, and no significant change in clinical presentation such as a new injury. Therefore, the request for Cervical Magnetic Resonance Imaging (MRI) with and without Contrast is not medically necessary and appropriate.

**Ropinirole 1mg #90 with 3 Refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, Restless legs syndrome

**Decision rationale:** This patient presents with neck pain that radiates into the head causing headaches. The treater is requesting a refill of Ropinirole 1 mg t.i.d. (3 times a day) #90 with 3 refills. The medical file, which includes progress reports from 04/09/2014 through 08/28/2014 does not discuss the rationale for this medication. The ACOEM and MTUS Guidelines do not discuss Ropinirole. ODG Guidelines under its leg chapter has a discussion under "restless leg syndrome" which states "dopamine antagonist: Requip (Ropinirole), Mirapex (pramipexole). These drugs are not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment." In this case, there is no discussion of why this patient requires this medication. The patient has not been diagnosed with restless leg syndrome nor are there descriptions of symptoms. Therefore, the request for Ropinirole 1mg #90 with 3 Refills is not medically necessary and appropriate.

**Orphenadrine ER 100mg #60 with 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** This patient presents with neck pain that radiates into the head causing headaches. The treater is requesting a refill of Orphenadrine ER 100 mg #60 with 3 refills. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. This medication is not intended for long-term use and the treater is requesting #60 with 3 refills. As such, Orphenadrine ER 100mg #60 with 3 Refills is not medically necessary and appropriate.

**Nexium 40mg #30 with 3 Refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 2014

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

**Decision rationale:** This patient presents with neck pain that radiates into the head causing headaches. The treater is requesting Nexium 40 mg #30 with 3 refills. The Utilization review denied the request stating "the patient reported a history of GERD. Please provide additional documentation to support this diagnosis." The certification was modified to "cover the patient for 1 month until the next follow up visit." The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has stomach problems due to GERD. In this case, the patient has been utilizing NSAID on a long term basis and has a history of GERD. Therefore, the request for Nexium 40mg #30 with 3 Refills is medically necessary and appropriate.

**Naltrexone 5mg #30 with 3 Refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Under Pain Chapter, Naltrexone.

**Decision rationale:** This patient presents with neck pain that radiates into the head causing headaches. The treater is requesting a refill of naltrexone 5 mg #30 with 3 refills. The medical file provided for review includes progress reports from 04/09/2014 to 08/28/2014 and does not provide a rationale for this medication. The ACOEM and MTUS Guidelines do not discuss naltrexone. ODG Guidelines under its pain section has the following regarding naltrexone, "Recommended as a second-line option for opiate dependency detoxification treatment, versus

methadone or buprenorphine first line treatment." This patient has a history of narcotic and narcotics abuse and has gone through detoxification in the past, but there is no discussion of this medication. ODG recommends naltrexone as a second line option for opioid dependency detoxification treatment. ODG further notes that methadone or buprenorphine is a first line of treatment. In this case, there is no indication that the patient has tried first line treatment for these issues. Furthermore, the treater does not provide a rationale for this medication or how it has been effective. Therefore, the requested Naltrexone 5mg #30 with 3 Refills is not medically necessary and appropriate.