

<b>Case Number:</b>	CM14-0174677		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	07/20/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Physical Therapy & 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 51-year-old male with an injury date of 07/20/2009. Based on the 07/09/2014 progress report, the patient complains of having lack of concentration and bad mood. Examination of the lumbar spine revealed a positive straight leg raise on the right. The 09/09/2014 report states that the patient has frequent numbness from his left ear to the top of his head. The patient also has tingling and numbness extending to the left side of his neck, shoulder, and down his arm to his fingers. He has throbbing and aching pain in his head in addition to dizziness, lightheadedness, and frequent loss of equilibrium. He continues to have daily continuous neck pain which extends to his left shoulder and radiates down his arm. He describes his pain as being sharp, stabbing, and stiff. The patient rates his pain as a 5-8/10. This patient has wrist pain which radiates to the forearms and elbows. He has tenderness in his wrists and a decreased range of motion. The patient rates his wrist pain as a 5-7/10. The patient has low back pain which he rates as a 5-7/10. He walks with a limp and uses a cane. The patient has bilateral knee pain which he rates as a 5-7/10. The patient's diagnoses include the following: 1. Status post C3-C7 AP fusion in 2012. 2. Cervical myelopathy. 3. Left cervical radiculopathy, residual/postoperative. 4. L4-S1 disk degeneration/facet arthropathy. 5. Intermittent right leg radiculopathy. The 09/09/2014 x-ray of the cervical spine revealed the following: 1. C3-C7 anterior and posterior hardware without fracture or loosening. 2. C3-C7 anterior fusion appears solid. 3. Moderate disk height loss C2-C3 and C7-T1. The 09/09/2014 x-ray of the lumbar spine revealed the following: 1. Moderate severe disk height loss L4-L5 and L5-S1. 2. Moderately severe facet arthropathy L4-L5 and L5-S1. The utilization review determination being challenged is dated 09/29/2014. Treatment reports were provided from 04/02/2014 - 10/21/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI (magnetic resonance imaging) of the cervical spine without contrast: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** Based on the 09/09/2014 progress report, the patient complains of having frequent numbness from his left ear to the top of his head, neck pain, bilateral shoulder pain, bilateral wrist pain, lower back pain, and bilateral knee pain. The request is for an MRI of the cervical spine without contrast to "evaluate for ongoing spinal cord compression and stenosis that can explain his ongoing gait imbalance and progressive left arm radiculopathy and weakness." The rationale provided for this denial letter stated that "the patient has hardware from a previous fusion that may interfere with the MRI imaging." The patient previously had an x-ray of the cervical spine on 09/09/2014. Review of the reports does not indicate that the patient had a previous MRI of the cervical spine. ACOEM Guidelines Chapter 12 page 303 state, "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. It appears as so the patient's neck pain is a recent diagnoses. The 09/09/2014 report states "he has popping when turning his head to either side. He has increased pain with most head movements, with bending or stooping, or with lifting his arm above shoulder level. When turning his head, he also feels dizziness. He has increased pain with sneezing or coughing, and requires assistance when showering or dressing himself because of the neck pain." In regards to the cervical spine, in palpation there is tenderness and spasm over the left trapezius. There is a decreased sensation over the right C4-T1 dermatome distribution. Radial pulses are palpable bilaterally. In this case, the treater has clearly discussed why an MRI of the cervical spine is needed. The request is medically necessary.

### **Norco 10-325mg TID: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76=80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 78.

**Decision rationale:** According to the 09/09/2014 progress report, the patient complains of having numbness from his left ear to the top of his head, neck pain, bilateral shoulder pain, bilateral wrist pain, continuous lower back pain, and bilateral knee pain. The request is for NORCO 10/325 mg t.i.d. The patient has been taking Norco as early as 07/09/2014. Review of

the reports does not indicate if there were any urine drug screens provided. There are no discussions regarding what Norco has done for the patient. MTUS Guidelines page 88 and 89 states, "the patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the treater does not provide any discussion on how the medication is helpful, there are no significant ADL changes to demonstrate medication efficacy, and no urine toxicology is provided. There are no chronic opiate management issues such as CURES report, pain contracts, ext. No outcome measures are provided either as required by MTUS. Due to lack of documentation, the request is not medically necessary.

**Protonix 20mg BID:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pantoprazole, a PPI FDA indications <http://www.drugs.com/pro/protonix.html>

**Decision rationale:** According to the 09/09/2014 progress report, the patient complains of having numbness from his left ear to the top of his head, neck pain, bilateral shoulder pain, bilateral wrist pain, low back pain, and bilateral knee pain. The request is for PROTONIX 20 mg b.i.d. The patient began taking Protonix on 09/09/2014. He is currently taking albuterol, aspirin, fenofibrate, hydrocodone, lisinopril, mirtazapine, omeprazole, tamsulosin, zolpidem tartrate, Norco, Protonix, and Restoril. MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risks of gastrointestinal events. In this case, the treater does not document and gastrointestinal symptoms. MTUS does not allow prophylactic use of PPIs without documentation of GI risk factors. Given the lack of any discussion regarding GI risks factors or GI symptoms, the request is not medically necessary.

**Restoril 30mg 1 tab PO QHS:** Upheld

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

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

**Decision rationale:** According to the 09/09/2014 progress report, the patient complains of having numbness from his left ear to the top of his head, neck pain, bilateral shoulder pain, bilateral wrist pain, low back pain, and bilateral knee pain. The request is for RESTORIL 30 mg 1 tablet p.o. q.h.s. The patient began taking Restoril on 09/09/2014. MTUS Guidelines page 24

states "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks." The 09/09/2014 report indicates that the patient is to be given 3 refills of Restoril 30 mg capsules. The patient is considered to be taking Restoril on a long term basis which exceeds the 4-week limitations by MTUS. The request is not medically necessary.