

<b>Case Number:</b>	CM14-0178781		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Internal 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 injured worker (IW) is a 68-year-old woman with a date of injury of March 25, 2011. She sustained injury to the bilateral upper extremities performing her customary job tasks. She attributes the pain to cumulative trauma. EMG/NCS in 2011 revealed right C6 radiculopathy and right median neuropathy. MRI of the C-spine dated July 11, 2011 revealed cervical facet arthropathy, severe at C2-C3, moderate at C3-C4 and C4-C5; bilateral neural foraminal narrowing at C5-C6 and C6-C7. Past surgeries have included: Bilateral rotator cuff repair and claviclectomy, and bilateral hand surgeries X 5. Pursuant to the progress note dated July 28, 2014, the IW was evaluated for chronic neck pain radiating to the bilateral upper extremities. The IW had prior cervical spine epidural steroid injection (ESI) for which she required a Dural patch and was laid up for 5 days. The IW underwent 24 sessions of chiropractic care with some benefit. The IW is status-post cervical spine medial branch block dated July 7, 2014 with reported 100% relief for 5 hours post injection. Objective findings revealed non-analgesic gait. She is able to heel and toe walk. There are no postural abnormalities. There are multiple trigger points of the bilateral trapezius, paracervical, rhomboids and supraspinatus, which elicit a twitch response with light to moderate pressure. The IW had polyarticular arthropathic changes to the hands bilaterally. The IW was diagnosed with chronic neck pain; degeneration of cervical disc with radiculitis; occipital neuralgia; cervicgia; and hand pain. Current medications include: Norco 5/325mg, and Trazadone 100mg. There is documentation in the medical record that the IW was taking Hydrocodone 5/500mg in October of 2010.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone-APAP) 5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 75-86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325 mg #90 is not medically necessary. Ongoing management of opiates requires an ongoing review of the documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. With long-term assessment and continued opiate use, the guidelines indicate the treating physician must document pain and functional improvement and compare it to baseline. This is in addition to documenting adverse effects. The ACOEM guidelines on chronic pain states "opiate for the treatment of mechanical and compressive etiologies: rarely beneficial." Opiates are efficacious but limit is for short-term pain relief. Long-term efficacy (greater than 16 weeks) appears limited. In this case, the documentation reflects Norco has been taken since October 2013. Norco is prescribed for the treatment of chronic neck and upper extremity pain over 3 1/2 year period. The medical documentation does not demonstrate objective functional improvement or evidence of functional objective improvement to support the continued use of opioid analgesics for chronic neck and upper extremity pain. Based on the clinical information in the medical record and the peer review evidence-based guidelines, Norco 5/325 mg #90 is not medically necessary.

**Rheumatology Consultation to rule out autoimmune disease:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation ACOEM Guidelines, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, Chapter 7, Page 127

**Decision rationale:** Pursuant to the ACOEM guidelines, rheumatology consultation to rule out autoimmune disease is not medically necessary. The occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial facts are present when the plan or course of care may benefit from additional expertise. In this case, there is no objective evidence in the medical record to support a rheumatologic or autoimmune cause of the injured worker's symptoms based on the documentation/prevaling medical record. The injured worker sustained an industrial injury to the cervical spine over 3.5 years ago. The injured worker has multiple joint pains, however no objective evidence of autoimmune disease.

Past medical history contained in the medical record does not contain any entries that relates to a rheumatologic condition. Additionally, there were no objective physical findings on physical examination to support the presence of rheumatologic or autoimmune process. A rheumatologic or autoimmune process would be commensurate with an underlying comorbidity and not the result of an industrial work injury. The request for a rheumatology consultation is purely speculative based on the documentation in the medical record and is unsupported by objective findings in the record. Based on clinical information in the medical record in the peer review evidence-based guidelines, the rheumatology consultation is not medically necessary.

**Trigger point injections - neck and upper back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 122-123. Decision based on Non-MTUS Citation BlueCross BlueShield Medicine Section, Trigger Point Therapy, Policy No: 30

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, trigger point injections neck and upper back are not medically necessary. The ODG provides criteria for the use of trigger point injections (TPI). All of the following criteria must be met. They include, but are not limited to, documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms of more than three months; medical management therapy such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory's and muscle relaxants have failed to control pain; radiculopathy is not present; no repeat injections unless a greater than 50% pain relief with reduced medication use is obtained for six weeks after an injection and there is documented evidence of functional improvement. In this case, there were no documented symptoms or objective signs at the sites of the requested trigger point injections. Trigger points are not recommended when there is clinical evidence of radiculopathy. The medical record demonstrates evidence of cervical radiculopathy. There is no evidence in the record of ongoing conservative treatment such as physical therapy. Consequently, trigger point injections to the neck and upper back were not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, trigger point injections to the neck and upper back are not medically necessary.