

<b>Case Number:</b>	CM14-0184083		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	09/29/2003
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] insured who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 29, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy and acupuncture; two shoulder capsular release surgery; and two ulnar nerve transposition surgeries. In a Utilization Review Report dated October 24, 2014, the claims administrator denied request a cervical MRI, approved a series of stellate ganglion blocks, denied ultrasound-guided trigger point injections, approved tramadol, denied Prilosec, and denied cyclobenzaprine. The claims administrator stated that its decisions were based on Request for Authorization (RFA) form dated October 3, 2014. The applicant's attorney subsequently appealed. In an earlier progress note dated September 16, 2011, the applicant reported ongoing complaints of shoulder and neck pain. The applicant was using Vicodin, Motrin, and Prevacid as of that point in time. The applicant was placed off of work, on total temporary disability. On June 7, 2013, the applicant was using Motrin, Vicodin, and Neurontin for pain relief. The applicant's work status was not stated on this occasion. On December 16, 2013, the applicant received a shoulder corticosteroid injection. The applicant was still using four Vicodin a day, Neurontin, and Advil. On March 31, 2014, the applicant reported ongoing complaints of shoulder pain, reportedly imputed to complex regional pain syndrome of the same. An earlier interscalene block had proven ineffectual. The applicant was on unspecified medications. A scapular brace and ultrasound-guided stellate ganglion block were sought. The applicant's work status was not furnished. On a September 29, 2014 progress note, the applicant reported ongoing complaints of pain. The applicant was performing many activities one handed. The applicant was not working, it was acknowledged. It was suggested that the applicant consult a pain management physician to optimize medication management. In

an October 3, 2014 progress note, the applicant reported ongoing complaints of neck pain, left shoulder pain and right shoulder pain. 2-3/5 right upper extremity strength was appreciated versus 5/5 left upper extremity strength. The applicant did exhibit guarding and pain limited range of motion and strength testing. Portions of the note appear to have been truncated as a result of repetitive photocopying and faxing. A series of three stellate ganglion blocks, right-sided ultrasound-guided trigger point injections, unspecified medications, and an MRI of the cervical spine were endorsed via an order form. The applicant received a pulsed radiofrequency denervation procedure and suprascapular nerve block on September 4, 2014. Stellate ganglion block was performed on September 18, 2014. On August 11, 2014, the applicant was given refills of Prilosec, tramadol, Flexeril, and Norco. Shoulder pain, upper arm pain, brachial neuritis, brachial plexopathy, chronic pain syndrome, and/or radiculitis were stated as operating diagnoses.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, 182.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention the applicant's actively considering or contemplating any kind of surgical procedure or surgical intervention involving the cervical spine based on the outcome of the proposed cervical MRI. No compelling applicant-specific rationale for the proposed MRI was proffered. It was not stated how the proposed cervical MRI would influence or alter the treatment plan. The MRI study was endorsed through preprinted checkboxes without associated narrative rationale or narrative commentary as to how the cervical MRI would influence or alter the treatment plan. The bulk of the information on file suggested that the applicant carried an active diagnosis of complex regional pain syndrome (CRPS) of the right upper extremity for which the applicant had received multiple procedures, including a stellate ganglion block and a suprascapular nerve block in September 2014 alone. It did not appear that the applicant carried a bona fide diagnosis of cervical radiculopathy and/or that the applicant was considering any kind of surgical intervention involving the cervical spine on or around the date in question. Therefore, the request is not medically necessary.

#### **U/S guided Cervical Trigger Point Injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine, Page(s): 41.

**Decision rationale:** While page 122 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that trigger point injections are recommended with "limited lasting value" for applicants with pain myofascial pain syndrome, in this case, however, all evidence points to the applicant's carrying diagnosis of complex regional pain syndrome (CRPS) of the shoulder. The applicant received scalene blocks, suprascapular nerve blocks, and stellate ganglion blocks on multiple dates in late 2014 alone. There was no clear description or clear mention of myofascial pain type symptoms which would compel the proposed trigger point injections on or around the date in question, October 3, 2014. Therefore, the request is not medically necessary.

**Cyclobenzaprine HCL 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine (Flexeril), Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. Here, the applicant is, in fact, using a variety of other agents, including Norco and tramadol. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

**Prilosec CPDR 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs,  
GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the date in question. Therefore, the request is not medically necessary.