

<b>Case Number:</b>	CM14-0021492		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 and Rehabilitation 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 37 year old female with a date of injury of 01/30/2013. The listed diagnoses per [REDACTED] are: right shoulder sprain/strain; rule out tendinitis/impingement syndrome; status post injection x1 with transient relief; right wrist and hand sprain/strain; cervical spine strain/sprain; Lumbar spine sprain/strain, rule out herniated lumbar disk with radiculopathy. According to the progress report 10/29/2013 by [REDACTED], the patient presents with worsening of symptoms in her right hand. She is unable to fold her 3rd, 4th, and 5th digits. She has painless swelling on the medial aspect of her right elbow and forearm. She also continues to have shoulder pain and back pain which radiates down both legs with numbness. On 12/03/2013, the patient reported a pulling sensation in her right neck and shoulder. She also has lower back pain that radiates into the legs. The treater requested physical therapy, MRI, and a continuation of medications. A progress report dated 01/14/2014 indicates the patient has an increased pain in her neck including spasms between her shoulder blades. She reports her pain 8/10 without medication and 7/10 with medication. Examination of the cervical spine revealed decreased range of motion, +2 tenderness, and spasms in the cervical paraspinals. There is positive Spurling's test. Examination of the right shoulder revealed decreased range of motion, tenderness at the SITS muscles, and a positive impingement sign. An MRI of the cervical spine from 12/29/2013 reports straightening of the cervical lordotic curve, Schmorl's nodes noted at T2 and T3 level, C6 to C7 diffuse disk protrusion 1 to 2 mm, and small well-defined lobulated abnormal intensity. Treater requests a cervical epidural injection at level C6 to C7, cortisone injection of the right shoulder, acupuncture and refill of medications including Anaprox 550 mg, Fexmid 7.5 mg, Norco 10/325 mg, tramadol ER 150 mg, and Prilosec 20 mg. Utilization review denied the request on 02/07/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **FIVE ACUPUNCTURE SESSIONS FOR THE CERVICAL SPINE AND RIGHT SHOULDER:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture for Neck and Low back Pain.

**Decision rationale:** The MTUS Guidelines recommend acupuncture for pain, suffering, and the restoration of function. The recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with an optimal duration of 1 to 2 months. The medical records provided for review indicates the treatment history for this patient includes an injection, medications, and physical therapy. The patient has not tried Acupuncture and a short course of 5 visits may be warranted. As such, the request is medically necessary and appropriate.

### **FEXMID 7.5MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** This patient presents with cervical spine, lumbar spine, and right shoulder pain. The treater is requesting Fexmid 7.5 mg #120. The MTUS Chronic Pain Guidelines states Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Medical reports show the patient has been taking Fexmid since 09/03/2013. As such, the request is not medically necessary and appropriate.

### **ANAPROX 550MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 22, 60,61.

**Decision rationale:** This patient presents with cervical spine, lumbar spine, and right shoulder pain. The treater is requesting a refill of Anaprox 550 mg. For anti-inflammatory medications, the MTUS Chronic Pain Guidelines page 22 states "anti-inflammatories are the traditional first

line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." On 01/14/2014 the treater documented a decrease in pain from 8/10 to 7/10 with medications prescribed which includes Anaprox. Given NSAIDs are indicated for chronic pain and in particular chronic low back pain and the treater notes a decrease in pain, the request is medically necessary and appropriate.

**NORCO 10/325MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60,61, 70-89.

**Decision rationale:** The MTUS Chronic Pain Guidelines requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Medical records indicate that this patient has been taking Norco since at least 09/03/2013. The treater provides in his progress report from 01/14/2014 a pain scale that showed a decrease in pain from 8/10 to 7/10 with medications. The treater does not provide outcome measures or any specific functional improvement as required by the MTUS Chronic Pain Guidelines with taking long term opioids. Given the lack of sufficient documentation, the request is not medically necessary and appropriate.

**ULTRAM ER 150MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

**Decision rationale:** The MTUS Chronic Pain Guidelines page 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Medical records show the patient has been prescribed Ultram concurrently with Norco since at least 09/03/2013. It is unclear as to why Ultram is prescribed, a weak synthetic opiate when the patient is already on a strong opiate. The treater does not separately mention what Tramadol is doing for this patient in terms of pain and function. It is unlikely that Tramadol is doing anything for this patient given concurrent use of Norco. The MTUS Chronic Pain Guidelines require documentation of outcome measures and functional assessment for chronic opiate use and in this case such documentation is not provided for Ultram. As such, the request is not medically necessary and appropriate.

## **PRILOSEC 20MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The MTUS Chronic Pain Guidelines pages 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." The MTUS Chronic Pain Guidelines recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (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. This patient has been prescribed NSAID (Anaprox) and Prilosec concurrently since at least Review of subsequent progress reports does not provide any discussion of gastric irritation, peptic ulcer history, or concurrent use of ASA, etc. The treater does not mention why the patient is being prescribed omeprazole. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the MTUS Chronic Pain Guidelines without a GI-risk assessment. As such, the request is not medically necessary and appropriate.

## **CERVICAL ESI (EPIDURAL STEROID INJECTION) AT C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46,47.

**Decision rationale:** This patient presents with cervical spine, lumbar spine, and right shoulder pain. The treater is requesting cervical epidural steroid injection at level C6 to C7. This patient has a diagnosis of "Status post injection x1 with transient relief" by [REDACTED]. There is no discussion of this "injection" in the medical file. The MTUS Chronic Pain Guidelines has the following regarding ESIs, "Recommended as an option for treatment of radicular pain." For repeat injections during therapeutic phase, "Continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." In this case, the patient does present with some radicular symptoms in the upper extremities but the MRI of the cervical spine revealed only minimal diffuse disk protrusion 1 to 2 mm. There are no disc herniations or stenosis that would account for the patient's radicular symptoms. As such, the request is not medically necessary and appropriate.

## **RIGHT SHOULDER CORTISONE INJECTION: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The ACOEM Guidelines page 213 states "2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area, for example, impingement." The ODG Guidelines on shoulder steroid injection also states "recommend up to 3 injections, steroid injections compared to physical therapy seemed to have better initial but worse long-term outcomes." In this case, the patient continues with right shoulder pain with a positive impingement test and decreased ROM. This patient has a diagnosis of "Status post injection x1 with transient relief," but there is no discussion of this "injection" in the medical records provided for review. The ACOEM Guidelines and the ODG allow up to 3 injections for rotator cuff inflammation, impingement syndrome or small tears. Given the patient's positive impingement test and continued pain, the request is medically necessary and appropriate