

<b>Case Number:</b>	CM14-0068774		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 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 is a 50-year-old male who reported an injury on 12/10/2011 due to slipping on a greasy floor and falling backwards onto his shoulder, neck, and back. The injured worker had a history of neck, back, and shoulder pain. The diagnosis includes cervicothoracic contusions and sprain with multiple level cervical and thoracic disc protrusions. The MRI dated 01/14/2012 of the cervical spine revealed bilateral uncovertebral hypertrophy with no significant spinal canal or neural foraminal narrowing at the C7-T1, T1-2, with disc desiccation, T2-3 noted disc desiccation with central protrusion at the C4-5. The MRI of the thoracic spine revealed multilevel disc protrusions. The objective findings dated 04/10/2014 of the lumbar spine revealed range of motion with a flexion of 45/90 degrees, extension 10/25 degrees, with positive toe and heel walk. The objective findings for the cervical spine revealed range of motion was approximately 50% of full, with pain noted to all orientations. Tenderness noted of the paraspinal progression to the upper thoracic spine. Negative Neer's impingement and 90% crossover impingement test. Apley's and Hawkins test negative. All maneuvers of the shoulders were negative with pain on movement to the cervical region. The injured worker rated his pain to the cervical region a 7/10 to 8/10. The thoracic spine was a 7/10 to 8/10. The lower back was a 7/10 to 8/10. The medications included Tramadol 50 mg for approximately 550 mg and Omeprazole 20 mg. Past treatments included a urinalysis dated 02/20/2014 and medication. The treatment plan included an MRI of the thoracic, cervical, and lumbar; medications; and a UA. The Request for Authorization dated 04/10/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain in General Conditions; Opioids for Neurop.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing management Page(s): 82, 93, 94, 113, 78.

**Decision rationale:** The request for Tramadol 50mg #90 is not medically necessary. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes were not evident of documentation that included activities of daily living, adverse side effects and any aberrant drug behavior. The guidelines indicate that Tramadol should not be the first line of oral analgesics. The request did not address frequency. As such, the request is not medically necessary.

**Naproxen 550mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS: Naproxen Page(s): 72, 73.

**Decision rationale:** The request for Naproxen 550 mg # 60 is not medically necessary. The California MTUS guidelines indicate that Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Per the documentation provided, the injured worker did not have signs or symptoms of osteoarthritis. It is recommended that nonsteroidal anti-inflammatory medications be the lowest dose and for the shortest duration of time. The clinical notes did not indicate the length of time the injured worker had been taking Naproxen. The request did not address the frequency. As such, the request is not medically necessary.

**Omeprazole 20mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68, 69.

**Decision rationale:** The request for retrospective Omeprazole 20 mg #60 date of service 05/10/2014 is not medically necessary. The California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical notes did not indicate any ulcer, perforation, or gastrointestinal issues, diagnosis or documentation. The request did not indicate the frequency. As such, the request is not medically necessary.

**MRI of the Cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Neck & Upper Back Procedures Summary last updated 04/14/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI of the Cervical is not medically necessary. The California MTUS/ACOEM indicates that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The clinical note indicated that the injured worker had a MRI of the cervical spine. No new signs or symptoms that was evident indicating that the injured worker required another MRI. As such, the request is not medically necessary.

**MRI of the Thoracic:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Low Back Procedure Summary last updated 03/31/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI of the Thoracic is not medically necessary. The California MTUS/ACOEM indicates that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms. As such, the request is not medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Low Back Procedure Summary last updated 03/31/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The request for MRI of the Thoracic is not medically necessary. The California MTUS/ACOEM indicates that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms. As such, the request is not medically necessary.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 04/10/2014, Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for urine drug screen is not medically necessary. The California MTUS Guidelines recommend as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The clinical notes did not indicate illegal drug use. As such, the request is not medically necessary.

**Labs: CBC, CRP, CPK, Chem 8, Hepatic and Arthritis Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CBC, CRP, CPK, Chem 8, hepatic panel, arthritis panel, CMP, Lab Testing Online, Peer-Reviewed Non-Commercial Patient-Centered, <http://labtestsonline.org/understanding/analytes/cbc/tab/test><http://labtestsonline.org/understanding/analytes/crp/tab/test><http://labtestsonline.org/understanding/analytes/ck/tab/test><http://labtestsonline.org/understanding/analytes/analytes/tab/test>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence LABS per labtestsonline.org

**Decision rationale:** The request for Labs CBC, CRP, CPK, Chem 8, and Hepatic and arthritis panel is not medically necessary. Per labs test online is it recommended that healthy adults with no other risk factors for heart disease be tested with a fasting lipid profile once every five years. Initial screening may involve only a single test for total cholesterol and not a full lipid profile. However, if the screening cholesterol test result is high, it will likely be followed by testing with a lipid profile. If other risk factors are present or if previous testing revealed a high cholesterol level in the past, more frequent testing with a full lipid profile is recommended. CBC - The complete blood count (CBC) is often used as a broad screening test to determine an individual's general health status. Liver panel - A liver panel may be used to screen for liver damage,

especially if someone has a condition or is taking a drug that may affect the liver. A comprehensive metabolic panel (CMP) which is often performed as part of a general health checkup may be ordered instead of a liver panel for routine screening. This group of tests includes most of the liver panel as well as additional tests that evaluate other organs and systems within the body. The clinical notes indicated that the injured worker had hepatic, BMP, CBC dated 02/20/2014. The documentation provided did not indicate that the injured worker signs and symptoms to support the need for further testing. As such, the request is not medically necessary.