

<b>Case Number:</b>	CM14-0069271		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/19/2003
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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 [REDACTED] employee who has filed a claim for chronic shoulder, neck, and mid-back pain reportedly associated with an industrial injury of November 19, 2003. Thus far, the applicant has been treated with the following: analgesic medications; opioid therapy; a spinal cord stimulator implantation and revision; and unspecified amount of physical therapy over the course of the claim. In a Utilization Review Report dated May 2, 2014, the claims administrator denied a request for Norco, a thoracic spine x-ray, and flexion-extension x-rays of the cervical spine. The applicant's attorney subsequently appealed. In a January 19, 2012 medical-legal evaluation, it was suggested that the applicant was off of work. Permanent work restrictions were endorsed, resulting in the applicant being deemed a qualified injured worker, it was stated. A 10% whole-person impairment rating was issued. On May 13, 2014, the applicant reported 7/10 shoulder pain. The attending provider suggested that the applicant increase the dosage of Cymbalta for neuropathic pain. The applicant's medication list included Cymbalta, Lyrica, Norco, and Verapamil, it was acknowledged. The applicant was having complaints of insomnia and dysesthesias about the right upper extremity consistent with chronic regional pain syndrome. The attending provider suggested that these issues had not been entirely rectified through the usage of spinal cord stimulator. The applicant was having difficulty sleeping and ongoing issues with paresthesias. Multiple medications, including Cymbalta, Norco, and Lyrica were endorsed. The injured worker did not appear to be working. There was no mention of medication efficacy. On June 20, 2014, the injured worker was described as reporting 8/10 upper extremity and shoulder pain with associated difficulty sleeping and paresthesias. Cymbalta, Norco, and Lyrica were endorsed. Once again, there was no mention or discussion of medication efficacy. On April 15, 2014, the attending provider again gave the patient several medication refills and suggested that the applicant followed up with her

interventional pain physician to determine whether or not the spinal cord stimulator was, in fact, working or not. On March 13, 2014, authorization was sought for trigger point injection therapy. X-rays of the cervical and thoracic spine were performed on February 21, 2014 and apparently demonstrated straightening of the cervical spine with mild multilevel spondylosis and the presence of a spinal cord stimulator lead within the posterior soft tissues of the thoracic spine with mild spondylosis. On January 29, 2014, the attending provider seemingly suggested that the patient obtain x-rays of the cervical and thoracic spines to confirm spinal cord stimulator placement. In a request for authorization form dated April 28, 2014, the attending provider sought authorization for thoracic spine and cervical spine x-rays, including flexion and extension views of the latter, via a Request for Authorization form. No narrative commentary was attached to the same.

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

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

**Norco 5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guideline, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant's pain complaints are as high as 8/10. The applicant is having difficulty performing even basic activities of daily living such as sleeping, standing, walking, gripping, grasping, etc., it appears. The attending provider had not incorporated any discussion of medication efficacy into any of his progress notes. Continuing Norco, on balance, does not appear to be indicated. Therefore, the request is not medically necessary.

**1 Thoracic Spine X-Ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 182, routine usage of plain film radiography if red flags are absent is "not recommended." In this case, no rationale was attached to the request for authorization for the thoracic spine x-ray in question. The applicant had already had prior x-rays in January 2014, which confirmed placement of the spinal cord stimulator leads. It is unclear why repeat plain film imaging of the

thoracic spine was/is being sought. There do not appear to be any red flags evident, either associated with the spinal cord stimulator lead placement or else wise, which would support the repeat plain films in question. Therefore, the request is not medically necessary.

**1 flexion extension X-ray of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8. Decision based on Non-MTUS Citation Official disability guidelines ,neck and upper back (acute&chronic).

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, pg. 182, routine usage of plain film radiography if red flags are absent "is not recommended." In this case, no applicant-specific rationale was proffered for the imaging studies in question. It was not clearly stated why imaging of the cervical spine was needed so soon after earlier plain films of the cervical spine were performed in January 2014 apparently demonstrating satisfactory spinal cord stimulator lead placement. Therefore, the request is not medically necessary.