MAXIMUS Federal Services

Case Number:	CM14-0071929		
Date Assigned:	08/08/2014	Date of Injury:	11/12/2010
Decision Date:	09/11/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/19/2014

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 patient is an injured worker with the diagnoses of cervical spine sprain and strain and bilateral shoulder sprain and strain. Date of injury was 11-12-2010. Primary treating physician's progress report (PR-2) dated 03-10-2014 was provided by [redacted]. Regarding subjective complaints, the patient continues to complain of neck pain rated 8/10 with intermitted pain and numbness and tingling radiating to bilateral upper extremities, right shoulder pain rated 7/10 with increased pain. Objective findings were documented. Blood pressure was 122/79. Pulse was 76. Patient was alert and oriented. Cervical spine examination demonstrated tenderness and spasm bilaterally over the paraspinals and upper trapezius. Range of motion is decreased and painful. Right shoulder examination demonstrated tenderness and spasm bilaterally over the upper trapezius, rhomboid and rotator cuff. Range of motion was limited and painful. Diagnoses were cervical spine sprain and strain and bilateral shoulder sprain and strain. Treatment plan included pain management, acupuncture, and orthopedic surgeon referral. Work status was modified work. The request for authorization (RFA) dated 05-05-2014 requested additional acupuncture, EMG/NCS bilateral upper extremities, MRI cervical spine, MRI right shoulder, Terocin patches, Cyclobenzaprine, Hydrocodone/APAP 2.5/325mg, Omeprazole. Utilization review decision date was 05-12-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture Cervical Spine and Right Shoulder Two times a week for Four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. MTUS defines functional improvement as either a clinically significant improvement in activities of daily living or a reduction in work restrictions, as measured during the history and physical exam, performed and documented as part of the evaluation and management visit.Primary treating physician's progress report (PR-2) dated 03-10-2014 documented diagnoses of cervical spine sprain and strain and bilateral shoulder sprain and strain. The 03-10-2014 PR-2 was the latest progress report present in the submitted medical records. Medical records did not document functional improvement resulting from acupuncture. Medical records do not support the medical necessity of additional acupuncture treatments. Therefore, the request for Additional Acupuncture Cervical Spine and Right Shoulder two times a week for four weeks is not medically necessary.

Electromyography (EMG) Bilateral Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses EMG. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that EMG for diagnosis of nerve involvement, if findings of history, physical exam, and imaging study are consistent, is not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) state that EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy. Primary treating physician's progress report (PR-2) dated 03-10-2014 documented diagnoses of cervical spine sprain and strain and bilateral shoulder sprain and strain. Physical examination demonstrated cervical spine tenderness and spasm. Range of motion is decreased and painful. Right shoulder examination demonstrated tenderness and spasm bilaterally over the upper trapezius, rhomboid and rotator cuff. Range of motion was limited and painful. The 03-10-2014 PR-2 was the latest progress report present in the submitted medical records. No objective evidence of neurologic compromise was documented on physical examination. Electromyography (EMG) performed on 04-24-2013 reported that no radicular component was identified coming from the cervical spine. The medical records do not provide support for the medical necessity of EMG. Therefore, this request is not medically necessary.

Nerve Conduction Studies (NCS) Bilateral Upper Extremities: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses nerve conduction studies (NCS). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Page 178) states that nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) states that nerve conduction studies (NCS) are not recommended. Primary treating physician's progress report (PR-2) dated 03-10-2014 documented diagnoses of cervical spine sprain and strain and bilateral shoulder sprain and strain. Physical examination demonstrated cervical spine tenderness and spasm. Range of motion is decreased and painful. Right shoulder examination demonstrated tenderness and spasm bilaterally over the upper trapezius, rhomboid and rotator cuff. Range of motion was limited and painful. The 03-10-2014 PR-2 was the latest progress report present in the submitted medical records. No objective evidence of neurologic compromise was documented on physical examination. The medical records do not provide support for the medical necessity of nerve conduction studies (NCS). Therefore, the request for nerve conduction studies bilateral upper extremities is not medically necessary.

Open MRI Cervical Spine with Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Imaging - MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179,181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states 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). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. Primary treating physician's progress report (PR-2) dated 03-10-2014 documented diagnosis of cervical spine sprain and strain. Physical examination demonstrated cervical spine tenderness and spasm. Range of motion is decreased and painful. The 03-10-2014 PR-2 was the latest progress report present in the submitted medical records. No objective evidence of neurologic compromise was documented on

physical examination. No red-flags were documented. The medical records do not provide support for the medical necessity of cervical spine MRI. Therefore, the request for Open MRI Cervical Spine with Sedation is not medically necessary.

Open MRI right Shoulder with Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines Indications for Imaging - MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 212-214.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints state that relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). Routine MRI without surgical indications is not recommended. Primary treating physician's progress report (PR-2) dated 03-10-2014 documented the diagnosis of bilateral shoulder sprain and strain. Shoulder examination demonstrated tenderness and spasm bilaterally over the upper trapezius, rhomboid and rotator cuff. Range of motion was limited and painful. Range of motion measurements was not documented. Provocative testing of the shoulder was not documented. The 03-10-2014 PR-2 was the latest progress report present in the submitted medical records. No red-flags were documented. No surgical indications were documented. The medical records do not provide support for the medical necessity of shoulder MRI. Therefore, the request for Open MRI right Shoulder with Sedation is not medically necessary.

Terocin patches #30 (3 boxes of 10) no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin, topical; NSAIDs Page(s): 111-113, 28-29, 69-70.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Capsaicin is only an option in patients who have not responded or are intolerant to

other treatments. Terocin is a topical analgesic, containing methyl salicylate, Capsaicin, menthol and Lidocaine hydrochloride. There is no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin. There was no documentation of post-herpetic neuralgia. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines and medical records do not support the medical necessity of topical Lidocaine, Capsaicin, or Methyl Salicylate, which are active ingredients in Terocin.Therefore, the request for Terocin patches #30 (3 boxes of 10) no refills is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49,Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: Medical treatment utilization schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Primary treating physician's progress report (PR-2) dated 03-10-2014 documented diagnoses of cervical spine sprain and strain and bilateral shoulder sprain and strain. Date of injury was 11-12-2010. The patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Therefore, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary.

Hydrocodone/APAP 1.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 47-48; 181-183; 212-214,Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and upper extremity conditions. Primary treating physician's progress report (PR-2) dated 03-10-2014 documented diagnoses of cervical spine sprain and strain and bilateral shoulder sprain and strain. Date of injury was 11-12-2010. The request for authorization (RFA) dated 05-05-2014 requested Hydrocodone/APAP 2.5/325mg. The 03-10-2014 PR-2 was the latest progress report present in the submitted medical records. The 03-10-2014 PR-2 did not address prescription medications. No updated progress reports were submitted to support the request for Hydrocodone/APAP 2.5/325mg dated 05-05-2014. Therefore, the request for Hydrocodone/APAP 2.5/325mg #90 is not medically necessary.

Omeprazole 20mg #60: 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: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. Primary treating physician's progress report (PR-2) dated 03-10-2014 documented diagnoses of cervical spine sprain and strain and bilateral shoulder sprain and strain. The 03-10-2014 PR-2 was the latest progress report present in the submitted medical records. Medical records did not document gastrointestinal risk factors. Medical records do not support the medical necessity of the proton pump inhibitor (PPI) Omeprazole. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.