

Case Number:	CM14-0074065		
Date Assigned:	08/08/2014	Date of Injury:	04/02/2010
Decision Date:	10/02/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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 injured worker is 34 year old female who sustained an injury on 04/05/2010. This was due to cumulative trauma. The injured worker had been followed for a four year history of neck pain. Prior MRI studies of the cervical spine from 05/07/14 noted multilevel degenerative disc disease and disc desiccation with small 1-3 mm disc protrusions at C5-6 and C6-7 flattening the thecal sac and resulting in left foraminal stenosis and abutment of the exiting left cervical nerve root at C5-6. Prior electrodiagnostic studies from October 2013 noted evidence suggestive of severe bilateral carpal tunnel syndrome as well as a chronic active C5-6 radiculopathy. As of 04/17/14, the injured worker continued to report complaints of neck pain that remained unchanged from prior evaluations. The injured worker was continuing to utilize Cyclobenzaprine, Hydrocodone and Naproxen for pain. The injured worker did report improvement in overall pain with these medications. On physical examination there was decreased normal lordosis in the cervical region with tenderness to palpation and spasms in the lumbar paraspinal musculature. Facet tenderness to palpation was noted at C6-7. There were positive impingement signs in the left shoulder. Decreased sensation was noted in a C6-7 distribution bilaterally. Mild weakness was noted at the right elbow extensors. Reflexes were 1 to 2+ in the right versus 1+ in the left. The injured worker was recommended for magnetic resonance image (MRI) studies of the cervical spine at this evaluation. The injured worker was still pending epidural steroid injections and was also recommended for over the door traction unit for home use. The requested updated MRI study of the cervical spine, urine toxicology screen, over the door traction unit, and medications to include Naprosyn, Norco and Flexeril were all denied by utilization review on 05/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Updated MRI of the Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: In regards to the request for an updated magnetic resonance image (MRI) of the cervical spine, this reviewer would not have recommended this request as medically necessary. The injured worker recently had MRI studies of the cervical spine completed on 05/07/14. There were no other indications regarding a substantial change in the injured worker's physical examination findings that would have supported updated MRI studies of the spine given that the recent ones had been performed in May of 2014. As such, the request was not medically necessary.

Urine Toxicology screening (Retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: In regards to the request for urine toxicology screening that was retrospective, no prior urine drug screen reports were available for review. The injured worker was noted to be prescribed Norco at the last evaluation provided for review; however, there was no indication of any recent aberrant medication use or findings concerning diversion. No risk assessments were provided for review to support recent urine toxicology screening. Given the lack of information to support prior urine drug screen, this request is not medically necessary.

Over the door traction unit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Cervical Traction

Decision rationale: In regards to the request for over the door traction unit, this reviewer would have recommended this request as medically appropriate. The injured worker did present with objective evidence consistent with cervical radiculopathy. Over the door traction can be

considered an option in the treatment of radiculopathy in conjunction with a home exercise program. Given that the injured worker's physical examination findings were consistent with a persistent cervical radiculopathy; this durable medical equipment request is medically appropriate.

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The chronic use of prescription non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the injured worker's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain and the request is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, this request is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, ongoing use of this medication is not medically necessary.