

Case Number:	CM14-0194989		
Date Assigned:	12/02/2014	Date of Injury:	06/10/2008
Decision Date:	01/30/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

Patient is a 44-year-old female with a date of injury of 06/10/2008. According to progress report dated 10/01/2014, the patient presents with neck, low back, and left wrist pain. It was noted the patient had an MRI of the neck showing "Arnold-Chiari malformation and C5-C6 disk disease." It was noted the patient also underwent an MRI of the lumbar spine, which revealed "facet inflammation." The MRI reports were not provided in the medical file. The patient continues to work and is able to do some chores around her house with medications. Examination revealed tenderness along the lumbosacral area. Patient is able to flex fully, and extension is 20 degrees. Facet loading is positive. In regard to the neck, the patient has 30 degrees of tilt into the right and 50 degrees tilt into the left. Radial deviation on the right is 10 degrees. Ulnar deviation is 55 degrees on the left and radial deviation is 10 degrees. Grip is 44 on the right and 62 on the left. The listed diagnoses are:1. Discogenic cervical condition with facet inflammation and disk degeneration at C5-C6 with variant Chiari malformation and headaches.2. Discogenic lumbar condition with facet inflammation without radiculopathy.3. Wrist pain, late effect of left wrist distal ulnar shaft non-displaced fracture.4. Chronic pain syndrome. Treatment plan is for left wrist injection, MRI of the neck and low back, chiropractic care, and refill of medications including trazodone 50 mg, tramadol 150 mg, Norflex 100 mg, and Protonix 20 mg. The utilization review denied the request on 10/23/2014. Treatment reports from 12/05/2013 through 11/05/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist/hand chapter, Injection

Decision rationale: This patient presents with neck, low back, and left wrist pain. The current request is for left wrist injection. Official Disability Guidelines under its wrist/hand chapter recommends corticosteroid injections for trigger finger and for de Quervain's. The medical file does not indicate that the patient has tried injections for the left wrist complaints. In this case, the patient has pain from a left wrist distal ulnar shaft non-displaced fracture and there is no diagnosis of DeQuervain's or triggers finger to warrant injection therapy. Official Disability Guidelines do not support injections for other conditions. This request is not medically necessary.

MRI without contrast to the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter, MRI studies

Decision rationale: This patient presents with neck, low back, and left wrist pain. The current request is for MRI without contrast to the neck. For MRI of the cervical spine, ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The Official Disability Guidelines, under its neck chapter, recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurological signs or symptoms are present. Review of the medical file indicates the patient underwent a MRI which showed "Arnold-Chiari malformation and C5-C6 disk disease." The date of this prior MRI imaging was not provided. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, red flag conditions and no significant change in clinical presentation such as a new injury to warrant a repeat MRI. This request is not medically necessary.

MRI without contrast to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI

Decision rationale: This patient presents with neck, low back, and left wrist pain. The current request is for MRI without contrast to the low back. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, Official Disability Guidelines provide a good discussion. Official Disability Guidelines under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Review of the medical file indicates the patient underwent a MRI which showed, "facet inflammation." The date of this prior MRI imaging was not provided. In this case, there are no new injuries, no significant examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.

Chiropractic to the lumbar spine QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: This patient presents with neck, low back, and left wrist pain. The current request is for chiropractic to the lumbar spine, #12. The MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. There is no indication that the patient has had prior chiropractic treatment. Given the patient's continued low back and neck pain, a course of 6 visits may be initiated. The treating physician's request for initial 12 visits exceeds what is recommended by MTUS. This request is not medically necessary.

Trazodone 50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: This patient presents with neck, low back, and left wrist pain. The current request is for Trazodone 50 mg #60. The MTUS Guidelines page 13 to 15 do support the use of antidepressants for neuropathic pain. In regards to its use for insomnia, Official Disability Guidelines support the use of concurrent depression is documented. Review of the medical file indicates the patient has been utilizing Trazodone since 08/06/2014. It was noted Trazodone has been prescribed for patient's insomnia and depression. The patient meets the indication for this medication. The requested Trazodone is medically necessary.

Tramadol Extended Release 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-95, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

Decision rationale: This patient presents with neck, low back, and left wrist pain. The current request is for Tramadol extended release 150mg #30. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has been utilizing Tramadol since 8/6/14. Progress report 10/01/2014 notes, "Patient tells me that Tramadol is helping significantly." Report 09/03/2014 notes a decrease in pain from 8-9/10 to 4/10. The patient continues to work and is able to do some chores around her house. There appears to be a decrease in pain and some functional improvement with the use of Tramadol; however, recommendation for further use cannot be supported as there is no discussion of aberrant behaviors or adverse side effects as required by MTUS for opiate management. There are no CURES or urine drug screens to monitor adherence either. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested Tramadol is not medically necessary.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

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

Decision rationale: This patient presents with neck, low back, and left wrist pain. The current request is for Norflex 100mg #60. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may

be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The medical records indicate the patient has been prescribed this medication since 9/3/14. In this case, the provider has prescribed muscle relaxants for long term use which is not supported by MTUS. This request is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: This patient presents with neck, low back, and left wrist pain. The current request is for Protonix 20mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (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. The patient has been taking Naproxen on a long term basis, but the provider does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request is not medically necessary.