

Case Number:	CM14-0198255		
Date Assigned:	12/08/2014	Date of Injury:	04/16/2004
Decision Date:	01/22/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Practice, 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:

This is a 45 year old female patient who sustained a work related injury on 4/16/2004. Patient sustained the injury due to typing and twisting. The current diagnoses include cervicalgia, postlaminectomy syndrome of the cervical region, intervertebral cervical discopathy with myelopathy, degeneration of cervical intervertebral disc, and brachial neuritis and radiculitis. Per the doctor's note dated 11/5/2014, patient has complaints of neck pain. Physical examination revealed abnormal tenderness to palpation at C4-5 and paraspinals, mild limited cervical range of motion, radiculopathy into bilateral upper extremities, normal thoracic and lumbar exams, and diminished strength and sensation to bilateral upper extremities, and decreased and equal deep tendon reflexes of upper and lower extremities. Per the doctor's note dated 12/1/14 patient had complaints of neck and mid back pain at 8-10/10. Physical examination revealed decreased reflexes, tenderness on palpation, and limited range of motion, decreased strength and sensation and negative all special tests. The current medication lists include Norco 10/325mg, Soma 350mg, and Neurontin 300mg, Ambien CR 12.5mg, Wellbutrin XL 150mg, Zoloft 100mg, and Ativan. The patient has had X-ray, CT scan, MRI and EMG for this injury. The nerve conduction study on 3/30/07 was within normal limits; MRI of cervical spine dated 6/21/07 revealed the 2 to 3 mm disc protrusions at C4 through C6; CT scan of the cervical spine that revealed mild to moderate bony spinal canal stenosis with a canal diameter slightly greater than 8 mm at the C5 level and post surgical changes. The patient's surgical history include cervical fusion at C3-4 in November 2012 with hardware removal, and right ankle repair in January 2013; bilateral CTR; gastric bypass and C-section. The patient has received an unspecified number of the PT visits for this injury. The patient has used a brace and splint for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) TENS unit with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: According the cited guidelines, electrical stimulation (TENS), is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness....Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)."According the cited guidelines, Criteria for the use of TENS is "- There is evidence that other appropriate pain modalities have been tried (including medication) and failed....- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted"Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided.The details of PT or other types of therapy done since the date of injury were not specified in the records providedPatient has received an unspecified number of PT visits for this injury A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided.In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of the TENS unit is not fully established and therefore the need for the TENS unit supplies is also not establishedThe request for One (1) TENS unit with supplies is not fully established for this patient.

One (1) urine drug screen: Overturned

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

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

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment.... Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument.... Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results." As per records provided medication lists includes Norco It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for Urine Drug Screen is medically appropriate and necessary in this patient.

Zoloft 100 mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: Fluoxetine is a Selective serotonin reuptake inhibitor. According to the CA MTUS chronic pain guidelines cited below SSRIs (selective serotonin reuptake inhibitors) are "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." A detail clinical and psychological evaluation for anxiety or depression is not specified in the records provided. Response to other treatment for chronic pain is not specified in the records provided. The medical necessity of the request for Zoloft 100 mg #60 with 3 refills is not fully established in this patient.

Wellbutrin XL 150 mg #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

Decision rationale: According to CA MTUS guidelines cited below "Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non neuropathic chronic low back pain."The current diagnoses include cervicgia, post laminectomy syndrome of the cervical region, intervertebral cervical discopathy with myelopathy, degeneration of cervical intervertebral disc, and brachial neuritis and radiculitis.Per the doctor's note dated 11/5/2014, patient has complaints of neck painPhysical examination revealed abnormal tenderness to palpation at C4-5 and paraspinals, mild limited cervical range of motion, radiculopathy into bilateral upper extremities, normal thoracic and lumbar exams, and diminished strength and sensation to bilateral upper extremities, and decreased and equal deep tendon reflexes of upper and lower extremitiesPer the doctor's note dated 12/1/14 patient had complaints of neck and mid back pain at 8-10/10Physical examination revealed decreased reflexes, tenderness on palpation, and limited range of motion, decreased strength and sensation The patient has had MRI of cervical spine dated 6/21/07 revealed the 2 to 3 mm disc protrusions at C4 through C6; CT scan of the cervical spine that revealed mild to moderate bony spinal canal stenosis with a canal diameter slightly greater than 8 mm at the C5 level and post surgical changesThe patient's surgical history include cervical fusion at C3-4 in November 2012 with hardware removal, and right ankle repair in January 2013; bilateral CTR; gastric bypass and C-sectionTherefore the patient has pain that is neuropathic/ nerve related.The request for Wellbutrin XL 150 mg #30 with 3 refills is medically necessary and appropriate.

Soma 350 mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants Page(s): 29,63.

Decision rationale: According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, "Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications."Any evidence of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries was not specified in the records provided.California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Soma is recommended for short term use only, in acute exacerbations in chronic pain.Patient had

a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. As the patient does not have any acute pain at this time, the use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Therefore the medical necessity of Soma 350 mg #90 with 3 refills is not established for this patient.