

Case Number:	CM14-0200644		
Date Assigned:	12/10/2014	Date of Injury:	10/11/2001
Decision Date:	01/28/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 a 57-year-old man who sustained a work-related injury on October 11, 2001. Subsequently, the patient developed a chronic neck, shoulder, and back pain. The patient underwent a right shoulder rotator cuff surgery in April 2002 after which he did some post-operative physical therapy. The patient stated that this did help some of his right shoulder symptoms. The patient also underwent a lumbar fusion to L3-4 and L4-5 with post-operative physical therapy, which provided no relief in his symptoms. In April 2009, the patient underwent a removal of the hardware from L3-4 and L4-5 plus a fusion of L2-3 and L5-S1. Following this, the patient underwent a cervical spine fusion to C5-6 and C6-7 in December 2004, which helped decrease his right elbow pain but he continued to have numbness and tingling into the right hand. The patient then underwent another cervical fusion to C3-4 in January 2008, which provided him with some relief but he continued to have significant lower back symptoms. The patient then underwent hardware removal from C5-6 and C6-7 followed by a removal of the hardware at C3-4 as well as placement of an artificial cervical disc at C4-5. In May 2011, he underwent a left shoulder decompression, which helped to decrease his symptoms. The patient then underwent a right shoulder decompression in April 2012, which worsened his right shoulder symptoms. In March 2013, he underwent a thoracic spine fusion at T8-9 and T9-10. According to a progress report dated October 21 2014, the patient reported increased constant severe neck pain, which was located at the base of the skull with radicular symptoms into both of his upper extremities associated with some numbness and tingling. He also reported constant headaches along with clicking and popping in his neck. The patient reported constant severe right shoulder pain, which was located deep in his shoulder joint, along with clicking and popping with very limited range of motion. The patient reported intermittent mild to moderate left shoulder pain, which was located at the posterior aspect of his shoulder. He reported difficulty with range of motion due to

pulling sensation he feels along his thoracic spine. The patient reported constant severe thoracic spine pain, which was located just below his shoulder blades. He reported constant pain in his rib cage. He also reported constant moderate lower back pain, which was located about the entire lower back with radicular symptoms in his right leg and in his left leg associated with some numbness and tingling. He stated that his right leg symptoms were worse than his left leg symptoms. He reported a constant sharp burning pain at the posterior aspect of his right leg down to the anterior and medial aspect of his right knee. Examination of the cervical spine revealed a restricted range of motion with flexion of 15 degrees, extension of 15 degrees, rotation of 20 degrees, and lateral bending of 10 degrees. Palpation about the neck showed moderate tenderness over the cervical spinous processes mainly at the base of the neck. There was mild to moderate tenderness in the paraspinal muscles also more at the base of the neck. There was moderate tenderness in the trapezius muscles. The deep tendon reflexes were trace symmetrical at the biceps but unobtainable at the triceps and the brachioradialis. Motor strength testing documented grade 5 strength bilaterally with the left side subjectively stronger than the right side without any true neurologic deficits, but there was some shaking mainly in the right arm. Examination of the right shoulder revealed restricted range of motion with flexion of 60 degrees, abduction of 40 degrees, external rotation of 20 degrees, and internal rotation of 30 degrees. There was mild to moderate tenderness to the dorsal aspect of the acromioclavicular joint associated with some osteophytes. There was moderate plus tenderness inferior to the acromioclavicular joint and to the subacromial space and over the rotator cuff. There was mild plus tenderness to the anterior shoulder capsule. The rotational impingement test and the cross arm test were severely positive. The apprehension test was negative. The external rotator cuff demonstrated mild to moderate grade 4 weakness. The internal rotator cuff demonstrated grade 5 strength. Examination of the left shoulder revealed restricted range of motion with flexion of 130 degrees, abduction of 80 degrees, external rotation of 70 degrees, and internal rotation of 85 degrees. There was no tenderness to the dorsal aspect of the acromioclavicular joint associated with some osteophytes. There was mild tenderness inferior to the acromioclavicular joint and to the subacromial space and over the rotator cuff. There was no tenderness to the anterior shoulder capsule. The rotational impingement test and the cross arm test were mildly positive. The apprehension test was negative. The external rotator cuff demonstrated mild to moderate grade 4 weakness. The internal rotator cuff demonstrated grade 5 strength. Examination of the thoracic spine revealed mild to moderate tenderness in the midline over the surgical scar with minimal tenderness over the spinous processes above the surgical scar. Examination of the lumbar spine revealed a restricted range of motion with flexion of 120 degrees, extension of 5 degrees, rotation of 15 degrees bilaterally, and lateral bending of 10 degrees bilaterally. there was mild to moderate tenderness in the paraspinal muscles and at the sacroiliac joints. The patient's diagnoses include: cervical degenerative disc disease, cervical spondylosis, lumbar degenerative disc disease and spondylosis, thoracic spine degenerative disc disease and spondylosis, right shoulder subacromial impingement syndrome, and left shoulder subacromial impingement syndrome. The provider requested authorization for Aspen lumbar brace, Norco, Fiorinal 50-325-40, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aspen lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the request for Aspen lumbar brace is not medically necessary.

Norco 10/325 # 200: 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 Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: <(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.>According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for long time without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #200 is not medically necessary.

Fiorinal 50-325-40# 40: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fiorinal <http://www.webmd.com/drugs/2/drug-15819/fiorinal-oral/details>.

Decision rationale: Fiorinal is a combination of Caffeine, Barbiturate, and Aspirin. It is used for the treatment of headaches. It is not indicated for long term use for chronic back, neck and musculoskeletal pain syndrome because of risk of addiction. There is no documentation that the patient is suffering from acute headaches. Therefore, the request for the use of Fiorinal 50-325-40# 40 is not medically necessary.

Prilosec 20mg #30: 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.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Prilosec 20mg#30 is not medically necessary.