

<b>Case Number:</b>	CM14-0203142		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 8, 2011. In a Utilization Review Report dated December 1, 2014, the claims administrator failed to approve a request for cervical lumbar MRI imaging, partially approved Percocet, and partially approved Valium. It appeared that the partial approval represented partial approvals of weaning or tapering purposes. The progress notes of November 19, 2014 and November 20, 2014 were referenced. The applicant's attorney subsequently appealed. In a November 20, 2014 progress note, the applicant reported persistent complaints of neck and shoulder pain, highly variable, 7-9/10. Paraspinal tenderness, limited range of motion, and spasms were evident about the cervical and parathoracic musculature. Limited lumbar range of motion was noted. Percocet, a TENS Unit, and urine drug testing were endorsed. The applicant was kept off of work, on total temporary disability. MRI imaging of the left shoulder, cervical spine, and lumbar spine were all endorsed at the same time. The applicant was asked to remain off of work and obtain a second opinion consultation. The applicant's motor function was not clearly described. The attending provider stated that the applicant's medications were not working as well as previously and that the applicant's pain scores were "12/10" with medication versus 8/10 without medications. On May 21, 2014, the applicant again was placed off of work, on total temporary disability, while Valium and Percocet were renewed. The new MRI imaging studies of the left shoulder, cervical spine, thoracic spine, and lumbar spine were endorsed for "comparison" purposes. It was stated that the applicant was using Valium for anxiolytic effect. In September 11, 2014, both Percocet and Valium were again renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, and has remained off of work during large portions of late 2014. The applicant's pain complaints appear heightened from visit to visit as opposed to reduce from visit to visit, despite ongoing usage of Percocet of several months. The applicant, furthermore, seemingly noted on November 20, 2014 that the efficacy of pain medications, including Percocet, was in fact waning over time. Commentary made by the attending provider to the fact that the applicant's ability to perform activities of daily living, function, and socialize with others were all impaired likewise do not make a compelling case for continuation of opioid therapy with Percocet. Therefore, the request was not medically necessary.

**Valium 10mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the applicant appears to have been using Valium on a thrice-daily basis, for anxiolytic effect, for a minimum of several months. Such usage is incompatible with the MTUS Guideline in ACOEM Chapter 15, page 402. It is further noted that ongoing usage of Valium does not appear to have been altogether successful as the applicant continues to report issues with high levels of anxiety, loss of interest in otherwise pleasurable activities, and poor functionality from a mental health perspective. Therefore, the request was not medically necessary.

**MRI of the cervical spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI and/or CT imaging of the cervical spine "are recommended" to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the November 20, 2014 progress note contained no references to the applicant's willingness to consider surgical intervention involving the cervical spine based on the outcome of the study in question. Rather, the multifocal nature of the applicant's complaints which included neck, mid back, shoulders, low back, etc., with superimposed mental health issues, suggested that it was unlikely that the applicant would act on the results of the proposed cervical MRI and/or consider surgical intervention involving the same. Therefore, the request is not medically necessary.

**MRI of the lumbar spine:** 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): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered and/or red flag diagnoses are being evaluated. In this case, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and consider surgical intervention involving the same based on the outcome of the study in question. Rather, the multifocal nature of the applicant's complaints, coupled with the fact that MRI studies were sought in multiple body parts, including the shoulder, cervical spine, lumbar spine, etc., suggested that it was less likely that the applicant would act on the results of the imaging study in question and/or consider surgical intervention here. Furthermore, the attending provider noted on an earlier progress note of May 21, 2014 that he was seeking "updated" MRI studies of the cervical spine, thoracic spine, lumbar spine, and left shoulder for comparison or evaluation purposes, with no intention of acting on the results of the same. Therefore, the request is not medically necessary.