

<b>Case Number:</b>	CM15-0002651		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	09/11/2014
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine

### 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 a 44 year old female, who sustained a work/ industrial injury on 9/11/14 from repetitive activities. She has reported symptoms of neck pain radiating to the upper extremities, bilateral shoulder pain, bilateral elbow, forearm, hand pain with numbness and tingling to fingers, mild back pain, and low back pain radiating to the left lower extremity. The diagnoses have included cervical musculoligamentous sprain/strain with upper extremity radiculitis, bilateral shoulder impingement/tendonitis/bursitis with attendant periscapular myofascial strain, bilateral forearm/wrist flexor and extensor tenosynovitis with carpal tunnel syndrome, bilateral wrist deQuervain's tenosynovitis, thoracic musculoligamentous sprain/strain, and lumbosacral musculoligamentous sprain/strain with left lower extremity radiculitis. Electromyogram/nerve conduction studies of bilateral upper extremities on 12/4/14 was negative. Prior treatments included: analgesics, bilateral wrist braces, and cortisone injection. Treatments to date have included medication, injections, therapy, and diagnostics. The documentation indicates that the injured worker had also been seen by a rheumatologist who diagnosed an immunologic arthritic disorder and that the injured worker was taking prednisone and leflunomide. Examination on 10/13/14 showed tenderness and muscle guarding over the cervical paraspinal musculature, with axial compression test and Spurling's maneuver eliciting increased neck pain absent radiating arm pain, bilateral shoulder tenderness and positive impingement test, and cross arm test, elbows with bilateral tenderness over the medical epicondyles with Tinel's sign positive over the cubital tunnel, examination of the forearms/wrists/hands showed bilateral positive Tinel's and Phalen's test, and examination of the

thoracolumbar spine showed positive straight leg raise on the left with decreased sensation in the left lower extremity over the L5 and S1 nerve root distribution. The physician's progress note of 11/24/14 documented examination findings of sacroiliac tenderness, and positive bilateral upper extremity Tinel's and Phalen's signs but was partially illegible. Work status was noted as not working. Prescriptions included Fexmid 7.5 mg (muscle relaxant), Prilosec 20 mg (proton pump inhibitor), Valium 5 mg (muscle relaxant); chiropractic 2 x week x 4 weeks for the cervical spine, lumbar spine, bilateral shoulders, elbows, and wrists; and an open magnetic resonance imaging (MRI) of the lumbar spine. Modalities prescribed in association with the chiropractic request include electrical muscle stimulation, hot and cold packs, ultrasound, range of motion, and strengthening exercises. The physician documented that the reason for requesting chiropractic treatment was to increase range of motion, decrease pain, and restore function. On 12/9/14, Utilization Review non-certified Chiropractic 2 x week x 4 weeks to cervical spine, lumbar spine, bilateral shoulders, elbows, wrists; Prilosec 20 mg #30, Fexmid 7.5 mg #60, Valium 5 mg #2; open magnetic resonance imaging (MRI) lumbar spine, noting the Medical Treatment Utilization Schedule (MTUS) guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiro 2 times a week for 4 weeks cervical spine, lumbar spine, bilateral shoulders, elbows, and wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): elbow chapter p. 40, shoulder chapter p. 305, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): p. 58-60.

**Decision rationale:** The MTUS notes chiropractic treatment (manual therapy and manipulation) is recommended for chronic pain if caused by musculoskeletal conditions. For treatment of the low back, a trial of 6 visits over two weeks is recommended with further therapy dependent on evidence of functional improvement. The MTUS chronic pain chapter is silent on chiropractic treatment for the neck and shoulders. The MTUS notes chiropractic treatment is not recommended for the forearm, wrist, and hand; therefore the request for chiropractic treatment to the wrists is not medically necessary. The ACOEM makes no recommendation on use of manipulation for the treatment of elbow complaints. The ACOEM shoulder chapter notes that the success of chiropractic manipulation is highly dependent on the patient's previous successful experience with chiropractors. Because the MTUS notes that chiropractic treatment to the wrist is not recommended, and because the request for 8 visits exceeds the initial number of 6 visits for the low back recommended by the MTUS guidelines, the request for chiropractic treatment, 2 x week x 4 weeks for the cervical spine, lumbar spine, bilateral shoulders, elbows, and wrists is not medically necessary.

**Prilosec 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): p. 68-69. Decision based on Non-MTUS Citation chronic pain chapter: proton pump inhibitors

**Decision rationale:** The request is for Prilosec, a proton pump inhibitor (PPI). The MTUS states that co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age of 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). The documentation does not indicate that the injured worker has been prescribed a NSAID medication, but does state that she has been taking prednisone, a steroid. There is no documentation of concurrent use of prednisone with NSAIDS, aspirin, or anticoagulants. There is no documentation of any gastrointestinal signs or symptoms, and no abdominal examination was documented. The ODG notes that PPIs are recommended for patients at risk for gastrointestinal events. No risk factors or gastrointestinal symptoms have been documented for this injured worker. The request for Prilosec 20 mg #30 is not medically necessary.

**Fexmid 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66 Page(s): p. 41-42, p. 63-66.

**Decision rationale:** The injured worker has multiple diagnoses including musculoligamentous sprain/strain of the cervical, thoracic, and lumbar spine, with documentation of subacute to chronic pain and muscle spasm on examination. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. The request for Fexmid 7.5 mg #60 is not medically necessary.

**Valium 5mg #2 tab:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): p. 24.

**Decision rationale:** Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. However, the request is for two tablets of valium and rather than for treatment of chronic pain, it appears to be associated with the requested MRI of the lumbar spine. The MRI of the lumbar spine was determined to be not medically necessary; therefore, the request for valium 5 mg #2 tablets is not medically necessary.

**Open MRI lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

**Decision rationale:** The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The injured worker has diagnoses of lumbosacral musculoligamentous sprain/strain with left lower extremity radiculitis. There was no documentation of red flag diagnoses, consideration of surgery, unequivocal objective findings of specific nerve root compromise, or failure of conservative treatment, and no lower extremity electrodiagnostic studies were submitted in the documentation provided. The request for open MRI of the lumbar spine is not medically necessary.