

<b>Case Number:</b>	CM15-0004198		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	05/09/2005
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: California

Certification(s)/Specialty: Emergency 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:

This 48 year old female sustained a work related injury on 05/09/2005. According to an office visit dated 11/26/2014, the injured worker had an injury to the neck, both shoulders more on the left side, both elbows and left wrist. She had quite a bit of pain along the neck extending to the left shoulder. She was very stiff and sore. She had shooting pain as well as numbness and tingling. According to the provider, she had not had any recent imaging done of the neck or left shoulder. An MRI showed a partial tear of the rotator cuff on the right. She was currently working and did limited chores. She also reported having quite a bit of headaches and pain in the left shoulder with difficulty raising her left arm. Diagnoses included discogenic cervical condition with radiculitis along the upper extremity with nerve studies being negative, impingement syndrome of the shoulder on the right with partial tear by MRI in the past and rotator cuff strain on the left with no MRI done. The injured worker had undergone trigger point injection in the left trapezius with no significant improvement. She was offered a cortisone injection and possibly a surgery. However her left wrist was bothering her more than her right shoulder. On 12/25/2014, Utilization Review non-certified MRI without contrast, 1 cervical pillow, 30 Tramadol ER 100mg, 3 tubes Voltaren Gel 1% 100g and Topamax 50mg. According to Utilization Review, there does not appear to have been discussion of surgery or other changes in treatment that would necessitate advanced imaging. There had not appeared to be treatment tailored to the left shoulder. In regards to a cervical pillow, it did not appear that the injured worker was in a current exercise program and that the use of a cervical pillow had not shown any improvement in her condition. In regards to Tramadol, guidelines recommend opiate therapy for

moderate to severe pain and there was no indication in the records that quantify the intensity of the injured worker's pain. In regards to Voltaren Gel, there was no indication of osteoarthritis of the knee or elbow that would benefit from topical treatment and the guidelines do not recommend utilization of topical nonsteroidal anti-inflammatories for the treatment of the spine, shoulder or neuropathic pain. In regards to Topamax, it had been recommended as non-certified in the most recent review [REDACTED] due to the fact that there had been no quantifiable evidence of functional improvement due to the chronic use of this medication. Additionally, the injured worker continued to present with headaches. Guidelines cited included CA MTUS ACOEM Guidelines Chapter 8 (Neck and Upper Back Complaints) (2004) page 177-178 MRI Cervical/Thoracic Spine, Shoulder (Acute & Chronic) page 208-209 Shoulder Complaints; Tramadol CA MTUS Chronic Pain Medical Treatment Guidelines; Voltaren Gel Topical NSAIDS CA MTUS Chronic Pain Medical Treatment Guidelines; Topamax CA MTUS Chronic Pain Medical Treatment Guidelines. The decision was appealed for an Independent Medical Review.

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

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

#### **1 MRI without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations.

**Decision rationale:** The requested 1 MRI without contrast, is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has pain along the neck extending to the left shoulder. She was very stiff and sore. She had shooting pain as well as numbness and tingling. The treating physician has documented an MRI that showed a partial tear of the rotator cuff on the right. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion nor acute clinical changes since a previous MRI.

#### **1 Cervical Pillow: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back, Acute & Chronic, Cervical Collar

**Decision rationale:** The injured worker has pain along the neck extending to the left shoulder. CA MTUS is silent, and Official Disability Guidelines (ODG), Neck and Upper Back, Acute & Chronic, Cervical Collar, note "Not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion." She was very stiff and sore. She had shooting pain as well as numbness and tingling. The treating physician has not documented current post-fusion status. The criteria noted above not having been met, 1 Cervical Pillow is not medically necessary.

**30 Tramadol ER 100mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. She was very stiff and sore. She had shooting pain as well as numbness and tingling. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, 30 Tramadol ER 100mg is not medically necessary.

**3 tubes Voltaren gel 1%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112.

**Decision rationale:** She was very stiff and sore. She had shooting pain as well as numbness and tingling. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis.

The criteria noted above not having been met, 3 tubes Voltaren gel 1% is not medically necessary.

**60 Topamax 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs, Pages 16-18, 21 Page(s): Pages 16-18, 21.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and Topiramate is "considered for use of neuropathic pain when other anticonvulsants fail." She was very stiff and sore. She had shooting pain as well as numbness and tingling. The treating physician has not documented failed first-line therapy, duration of treatment nor derived symptomatic or functional improvement from use to date. The criteria noted above not having been met, 60 Topamax 50mg is not medically necessary.