

Case Number:	CM15-0107595		
Date Assigned:	06/11/2015	Date of Injury:	07/01/2011
Decision Date:	08/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/04/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 49 year old male with a July 1, 2011 date of injury. A progress note dated April 16, 2015 documents subjective findings (extreme pain through the neck and head, left shoulder, and through the upper left extremity; barely able to move the left arm at all at the shoulder; pain rated at a level of 9/10 without pain medications and 5/10 with pain medications), objective findings (holds his arm constantly; turning his neck reasonably well; pain at end-ranges of motion with cervical motion; Tinel's throughout the arm; Tinel's at the elbow radiates up the arm; pain radiating from the wrist to the fingers; palpation about the shoulder is significantly tender; joint motion at the wrist and fingers causes pain to shoot up to the shoulder level; mild atrophy of the intrinsic muscles of the left hand; resists any movement at the wrist, elbow, and shoulder; both hands cold, left greater than right; color changes present), and current diagnoses (severe left upper quadrant bodily pain; evidence of chronic regional pain syndrome of the left upper extremity and shoulder/hand syndrome; left shoulder pain, dysfunction, and substantial injury with evidence of tendon disruption and frozen shoulder syndrome; potential periscapular nerve injury or brachial plexus injury; secondary functional gastrointestinal bowel syndrome; severe depression and anxiety; secondary seizures believed to be neurogenic from the spinal cord/brachial plexus injury). Treatments to date have included imaging studies, diagnostic testing, medications, bilateral cervical stellate sympathetic ganglion blocks, home exercise, and left shoulder surgery. The treating physician documented a plan of care that included Oxycodone, urine drug screen twelve times per year, blood work, and magnetic resonance imaging of the cervical and thoracic spinal cord.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Opioids.

Decision rationale: Percocet (oxycodone with acetaminophen) is a short-acting opioid. Chronic pain guidelines and ODG do not recommend opioid "except for short use for severe cases, not to exceed 2 weeks" and "Routine long-term opioid therapy is not recommended, and ODG recommends consideration of a one-month limit on opioids for new chronic non-malignant pain patients in most cases, as there is little research to support use. The research available does not support overall general effectiveness and indicates numerous adverse effects with long-term use. The latter includes the risk of ongoing psychological dependence with difficulty weaning." Medical documents indicate that the patient has been on Percocet for several months, in excess of the recommended 2-week limit. Additionally, indications for when opioids should be discontinued include "If there is no overall improvement in function, unless there are extenuating circumstances." Medical records fail to indicate documentation of "overall improvement in function," which are indications of when an opioid should be discontinued, weaning would be appropriate. As such, the request for Oxycodone/APAP 10/325mg #180 is not medically necessary.

Urine drug screen 12 times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Urine drug testing (UDT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)" would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: - "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. "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. "High risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low to moderate risk due to a reported inconsistent urine drug screen but actual results are not included here. The UR modified the request to allow for one urine drug screen at next visit, which is reasonable. As such, the current

request for Urine drug screen 12 times per year is not medically necessary.

Labs- liver and renal panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/conditions/liver-disease/?start=2>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 21-42, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The medical records fail to indicate a history of kidney or liver disease. Previous testing results for kidney function in 2014 were normal but prior liver function has not been provided for comparison. The treating physician does not indicate what interval symptomatic changes, physical findings, or medication changes have occurred to necessitate liver and kidney testing. As such, the request for Labs-liver and renal panel is not medically necessary.

MRI of the cervical and thoracic spinal cord: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177, 182, 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI); Low Back & Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure." ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging." Indications for imaging: MRI (magnetic resonance imaging): Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". Known cervical spine trauma: equivocal or positive plain films with neurological deficit; Upper back/thoracic spine trauma with neurological deficit MTUS and ACOEM recommend MRI, in general, for low back pain when "cuada equine, tumor, infection, or fracture are strongly

suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions." ODG lists criteria for low back and thoracic MRI, indications for imaging: Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection, other "red flags". Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease patient. Myelopathy, oncology patient. The patient has received previous MRIs with no significant interval changes. The primary treated provider feels the patient is neurologically stable. The treating physician has not provided evidence of red flags to meet the criteria above. As, such the request for MRI of the cervical and thoracic spinal cord is not medically necessary.