

Case Number:	CM15-0136124		
Date Assigned:	07/27/2015	Date of Injury:	04/20/2010
Decision Date:	09/17/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/14/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female, who sustained an industrial injury on April 20, 2010. The injured worker's initial complaints and diagnoses are not included in the provided documentation. She reported bilateral shoulder and wrist pain with subsequent development of pain of the neck, low back, and knees. The injured worker was diagnosed as having status post bilateral carpal tunnel repaired, severe bilateral shoulder impingement, cervical discogenic pain, lumbar discogenic pain, bilateral knee pain, depression, and bilateral ankle pain. Diagnostic studies to date have included: On December 15, 2014 and May 14, 2015, the treating physician noted that the urine toxicology was inconsistent with her prescribed medications. The medical records refer to an MRI of the left shoulder, but the date and results of the MRI are not included in the provided documentation. On June 12, 2015, electromyography and nerve conduction studies revealed mild median nerve compromise at or near the bilateral wrist carpal tunnels involving sensory fibers only with demyelination and no acute axonopathy. There was mild tibial nerve compromise at or near the left foot with axonopathy and no acute demyelination. Surgeries to date have included: bilateral carpal tunnel surgery. Treatment to date has included psychotherapy and medications including opioid analgesic, muscle relaxant, anti-epilepsy, sleep, proton pump inhibitor, and non-steroidal anti-inflammatory. The medical records show that the injured worker has declined or not complied with recommend treatments including physical therapy, aquatic therapy, and acupuncture. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypercholesterolemia, diabetes type 2, and gastroesophageal reflux. On June 15, 2015, the injured worker complains of continued severe

neck, bilateral shoulders, bilateral wrists, low back, bilateral knees, and bilateral ankles. The review of systems revealed she has complaints of severe stiffness of the right wrist and extreme stiffness of the bilateral shoulders, which is her most painful area currently. She complains of severe neck pain mostly associated with her shoulder pain, non-radiating low back pain, and bilateral knee pain and swelling, and pain all over. She has depression and mood swings, which is being treated by a psychologist. The physical exam revealed a very uncomfortable woman who is getting up and down from her chair constantly and is unable to sit still. There was neck flexion of 10 degrees at best and extension of 0 degrees, left and right rotation of 20 degrees with very poor rotation, and spasm in the bilateral trapezius muscle. The injured worker would not flex, extend, or rotate the lumbar spine due low back pain. The low back pain did not radiate down into the buttocks per the injured worker. There was difficulty in her lying down with her complaining the entire time she was lying down. The injured worker stopped the provider's attempt to raise a leg and would not allow the provider to move her legs. She was unable to stand on her toes and heels. She had a hunched over, antalgic gait. There was bilateral shoulder abduction of 75 degrees, flexion of 75 degrees, extension of 20 degrees, and external rotation of 30 degrees, but she is able to flex and internally rotate 90 degrees. She would not allow palpation of the shoulder joint due to extreme pain with wincing. There was no cracking or popping, but she would not allow the provider to move her shoulder in any kind of motion. There was reasonable knee range of motion and no evidence of internal derangement. There were equal bilateral deep tendon reflexes, decreased sensation to pain and decreased sensation to pinprick, light touch, and proprioception in the bilateral cervical 7, and decreased pain and light touch sensation on the lumbar 4 nerve distribution. There was no strength in the abductor hallucis longus and inability to push down with the plantar flexors. The physical exam was unchanged from the prior visit. Her work status is described as totally disable until August 2015. The treatment plan includes follow-up in 4 weeks. Requested treatments include: cervical spine MRI, lumbar spine MRI, bilateral shoulder MR Arthrogram, bilateral knee MR Arthrogram, Gabapentin, Omeprazole, Skelaxin, Vicodin, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Neck & Upper Back (Acute & Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172; 182.

Decision rationale: Per the ACOEM (American College of Occupational and Environmental Medicine) guidelines, MRI of the cervical spine is recommended to evaluate red-flag diagnoses and after 4-6 weeks in the absence of red flags. An MRI is recommended to validate the diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. A review of the injured workers medical records did not reveal the emergence of a red flag. In addition, there was no documentation of the injured worker being a candidate for surgery. Therefore, the request for an MRI of the cervical spine is not medically necessary.

Lumbar Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic) Chapter, magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297; 309.

Decision rationale: Per the ACOEM (American College of Occupational and Environmental Medicine) guidelines, MRI of the lumbar spine are recommended to evaluate red-flag diagnoses, for when surgery is being considered for specific anatomic treatment, or for evaluation of persistent symptoms that have persisted beyond one month. There was lack of documentation of red-flag diagnoses, onset of new symptoms or the exacerbation of symptoms, or that the injured worker is a candidate for surgery. Therefore, the request for an MRI of the lumbar spine is not medically necessary.

Bilateral Shoulder MR Arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202; 208; 214.

Decision rationale: The ACOEM (American College of Occupational and Environmental Medicine) guidelines do not recommend routine MR Arthrography of the shoulder for evaluation without surgical indications. There was lack of documentation of surgery is being considered for this injured worker. In addition, the qualified medical evaluator indicated that she was not a surgical candidate. Therefore, the request for an MR Arthrography of the bilateral shoulders is not medically necessary.

Bilateral Knee MR Arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Knee & Leg Chapter: MR arthrography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): MR arthrography.

Decision rationale: The ACOEM (American College of Occupational and Environmental Medicine) guidelines do not recommend reliance on imaging studies to evaluate the source of knee symptoms. The ACOEM notes that "MRIs are superior to arthrography for both diagnosis and safety reasons". The Official Disability Guidelines (ODG) recommends MR arthrography of the knee "as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%". There was lack of documentation of surgery is being considered for this injured worker. In addition, the qualified medical evaluator indicated that she was not a surgical candidate. Therefore, the request for an MR Arthrography of the bilateral knees is not medically necessary.

Gabapentin (dosage & quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) and SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, Gabarone, generic available) Page(s): 16-19.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend anti-epilepsy drugs (also referred to as anti-convulsants) as a first-line treatment for neuropathic pain (pain due to nerve damage). A 50% reduction in pain is defined as a good response to the use of anti-epilepsy drugs and a 30% reduction in pain is defined as a moderate response. A less than 30% response to the use of anti-epilepsy drugs may prompt a switch to a different first-line agent (tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors or anti-epilepsy drugs are considered first-line treatment) or combination therapy if treatment with a single drug agent fails. Per the CMTUS, recommends Gabapentin as a first-line treatment for neuropathic pain. Gabapentin is recommended as a treatment for complex regional pain syndrome and fibromyalgia, also. The medical records show the injured worker has been taking Gabapentin since at least August 2014. There is a lack of documentation of a 30% or reduction in pain with the treatment already provided. There is a lack of functional improvement such as significant improvement in activities of daily living or reduction of work restrictions with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. In addition, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Therefore, the request for Gabapentin is not medically necessary.

Omeprazole (dosage & quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Pain (Chronic), Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, proton pump inhibitor medication is recommended when the injured worker is at intermediate or high risk for gastrointestinal events without cardiovascular disease and at high risk for gastrointestinal events with cardiovascular disease. A patient at risk for gastrointestinal events is older than 65 years of age; has a history of peptic ulcer, GI bleeding or perforation; is concurrently using aspirin, corticosteroids, and/or an anticoagulant; or using high dose/multiple non-steroidal anti-inflammatory drugs. There is a lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. The injured worker is less than 65 years old with a history of gastroesophageal reflux, but no history of peptic ulcer, GI bleeding or perforation. The injured worker is not being treated with high dose/multiple non-steroidal anti-inflammatory drugs or concurrent aspirin, corticosteroids, and/or an anticoagulant. Therefore, the Omeprazole is not medically necessary.

Skelaxin (dosage & quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin); Muscle relaxants (for pain) Page(s): 61; 63-66.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) Chronic Pain Medical Treatment Guidelines, Skelaxin, a relatively sedating centrally acting skeletal muscle relaxant, that is recommended as a second-line option for the short term treatment chronic low back pain. This injured worker has chronic low back pain with no evidence of prescribing for flare-ups. The medical records show the injured worker has been taking Skelaxin since at least August 2014, which exceeds the guideline recommendations. In addition, the quantity prescribed implies continued long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Skelaxin. In addition, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. The request for Skelaxin is not medically necessary.

Vicodin (dosage & quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The long term usage of opioid therapy is discouraged by the California Medical Treatment Utilization Schedule (CMTUS) guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The CMTUS guidelines details indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of the current pain; least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was lack of evidence of risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and the lack of objective evidence of functional benefit obtained from the opioid medication. The records clearly indicate inconsistent multiple urine drug tests and the inconsistent results are not explained by treating provider, which would be necessary for continued usage. There is a diagnosis and treatment of depression, which is considered a red flag and has not been shown to have good success with opioid therapy. The provider does not detail extenuating circumstances for opioid usage in the context of Anxiety. In addition, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended.

Ambien (dosage & quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Mental Illness & Stress Chapter.

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): Zolpidem (Ambien®) and Insomnia treatment; Mental Illness & Stress Chapter: Zolpidem (Ambien®) and Insomnia treatment.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines are silent on this request. The Official Disability Guidelines (ODG) guidelines recommend Zolpidem (Ambien) for short-term (usually two to six weeks) treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Sleeping pills can be habit-forming, and they may impair function and memory, and may increase pain and depression over the long-term. There is lack of clear documentation of how long the injured worker has been taking Ambien. In addition, the requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Therefore, the request for Ambien is not medically necessary.