

<b>Case Number:</b>	CM15-0140771		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: New York

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 59 year old, female who sustained a work related injury on 6-26-13. The diagnoses have included closed fracture right humerus, status post surgery for right humerus fracture, discogenic cervical condition with facet inflammation and radicular component down right arm with nerve studies revealing only carpal tunnel findings and now radiculopathy, left shoulder impingement syndrome with some element of capsulitis, knee sprain with patellofemoral inflammation and knee joint inflammation and chronic pain associated depression, anxiety, stress, insomnia, gastritis and weight gain. Treatments have included left humerus fracture surgery, physical therapy, home exercises, TENS unit therapy, heat/cold therapy, and oral medications. In the office note dated 6-18-15, the injured worker reports right knee pain is intermittent. She states she feels like she has a twisted knee. She reports she has neck and bilateral shoulder pain. She also reports wrist pain with injuries apparently showing carpal tunnel syndrome. On physical exam, she has tenderness along the cervical paraspinal muscles, pain along the facets and pain with facet loading. She has pain along the right shoulder. Right shoulder abduction is no more than 90 degrees. With right knee, she has full extension and flexion 130 degrees with discomfort along the joint line. She is not working. The treatment plan includes requests for an MRI of cervical spine, for an MRI of the right knee, for a CT scan of the right upper extremity, for a heat/cold wrap and prescription refills of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right knee without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346, 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**Decision rationale:** Per the CA MTUS, ACOEM guidelines, MRI of the knee may be useful in diagnosing knee pathology such as meniscus tear, ligament strain, ligament tear, patellofemoral syndrome, tendinitis, and prepatellar bursitis. "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over-diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons." The provider indicates he is requesting an MRI of the right knee for "evaluation." Documentation does not support worsening symptoms with the right knee. The requested treatment of an MRI of the right knee is not medically necessary.

**MRI of the cervical spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** Per CA MTUS, ACOEM guidelines, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The provider requested an MRI of the cervical spine for further evaluation of the injured worker's ongoing cervical spine pain and arm symptoms that have lasted for more than 4 months. There are no significant changes in her symptoms that would suggest that she needs an MRI for a possible procedure. There is insufficient documentation of neurological symptoms or a specific exam of arms to warrant the need for this MRI. Therefore, the requested treatment of an MRI of the cervical spine is not medically necessary.

**CT scan of the right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**Decision rationale:** Per the CA MTUS, ACOEM guidelines, CT scans may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. "Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." The provider states he is ordering a CT scan of the left upper arm due to surgery that has been done in this area and the metal artifact would not render an MRI useful. There have been no significant changes in her right upper arm/shoulder symptoms to warrant the need for a CT scan to be done. The requested treatment of a CT scan of the right upper extremity is not medically necessary.

**Hot and cold wrap:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back –Chapter Cold Therapy.

**Decision rationale:** Per the CA MTUS, ACOEM guidelines, for knee pain complaints, patient's at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist ODG; recommends cold therapy as an option for acute pain; at-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this treatment, and also review of Medical Records do not clarify that previous use of this treatment has been effective in this injured worker for maintaining any functional improvement. The requested treatment Hot and cold wrap is not medically necessary.

**Tramadol ER 150 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

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

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Norco 5/325mg #60 x 1 refill on 7/20/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

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

**Decision rationale:** Per CA MTUS guidelines, Norco is a combination of Hydrocodone and acetaminophen and considered an opioid medication. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<= 70 days)." Long-term use of opioids is not recommended. It is noted that this is the first prescription for this medication. The provider notes he is ordering this due the previous requests for Tramadol being denied. There is insufficient documentation of functional capabilities and pain levels on present opioid medications. There is insufficient documentation of a discussion of side effects and-or other information needed in prescribing opioid medications. Since there is no documentation of pain levels, a decrease in overall pain, or functional capacity, this request for Norco is not medically necessary.

**Tramadol 150mg #30, on 7/20/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

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

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since

last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication Tramadol 150mg #30 is not medically necessary.