

<b>Case Number:</b>	CM15-0144486		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2015

### 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 49-year-old female, with a reported date of injury of 12-19-2011. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include status post left wrist carpal tunnel release, left wrist flexor tenosynovitis, left carpal tunnel syndrome, fasciitis left distal forearm antebachial fascia, neuropraxia of median nerve, compression of distal arterial palmar arch, flexor tendon adhesions in the left hand, and lumbar sprain and strain. Treatments and evaluation to date have included left carpal tunnel release with tenolysis, tenosynovectomy, decompression, neurolysis, and fasciotomy on 04-01-2015; physical therapy; and oral medications. According to the medical report dated 02-12-2015, the diagnostic studies to date have included electrodiagnostic studies on 11-12-2012 which showed bilateral carpal tunnel syndrome, very severe on the right and severe on the left. The comprehensive orthopedic evaluation report dated 06-04-2015 indicates that the injured worker presented with complained of pain rated 7 out of 10 for severity. She sustained injuries to the cervical, thoracic, and lumbar spine, bilateral hands and feet, left arm, and left leg. The physical examination showed lumbar active forward flexion of 20, 60 degrees; lumbar extension to 10, 25 degrees, right lumbar lateral flexion to 15, 25 degrees, and left lumbar lateral flexion to 15, 25 degrees; and a mildly antalgic gait without the use of assisting devices. The injured worker was to remain off work for the remainder of the next six weeks as she was under postoperative period for her carpal tunnel release. The treatment plan included follow-up for re-evaluation in six weeks, the prescription for medications with one refill, and no refill for Norco, a consultation and evaluation with

Neurologist with regarding to surgical candidacy with regard to the lumbar spine, and an MRI of the lumbar spine to give the surgeon the best, most updated perspective of the injured worker's anatomy. The treating physician requested Gabapentin 600mg #90, Refill of Gabapentin, Ibuprofen 800mg #30, Refill of Ibuprofen, Nexium 40mg #30, Refill of Nexium, Norco 5-325mg #30, follow-up in six weeks for re-evaluation of the lumbar spine, consultation and treatment with a Neurologist for the lumbar spine, and an MRI of the lumbar spine.

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

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

**Follow-up visit in 6 weeks for reevaluation of lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

**Decision rationale:** Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. The injured worker has chronic low back pain and is status post left Carpal Tunnel release surgery. Physician report fails to show adequate improvement in function with treatment modalities provided to date. Per guidelines, the request for Follow-up visit in 6 weeks for reevaluation of lumbar spine is medically necessary.

**Consultation and treatment with neurosurgeon for lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery, or if they have difficulty obtaining information or an agreement to a treatment plan. The evidence of severe neurological compromise from a physical examination that relates to the medical history and test results may indicate the need for immediate consultation. The examination may further help to reinforce or reduce suspicions of a tumor, infection, fracture, or dislocation. The injured worker is diagnosed with Lumbar sprain/strain. Documentation shows the injured worker is being referred for Neurosurgery consultation to determine surgical candidacy with regard to the lumbar spine. Physician report fails to show clinical evidence of neurological compromise of symptoms or signs consistent with diagnoses including tumor, infection, fracture, or dislocation. With guidelines not being met, the request for Consultation and treatment with neurosurgeon for lumbar spine is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The CA MTUS ACOEM Guidelines indicate that if physiologic evidence shows tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, such as an MRI for neural or other soft tissue, and CT scan for bony structures. The non-MTUS Official Disability Guidelines indicate that MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy. There was no evidence that he injured worker had prior low back surgery or a diagnosis of lumbar radiculopathy. The guidelines also indicate that they are not recommended until after at least one month conservative therapy, sooner if there is severe or progressive neurologic deficit. A repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as a tumor, infection, fracture, neurocompression, or recurrent disc herniation. There is documentation that the injured worker had a prior MRI of the lumbar spine on 07-25-2012. The indications for MRIs of the low back include: lumbar spine trauma, neurological deficit; lumbar spine trauma (seat belt (chance), fracture (If focal, radicular findings or other neurologic deficit); suspicion of cancer, infection, other "red flags"; low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit; prior lumbar surgery; and cauda equina syndrome. There is no evidence of these conditions. The treating physician is requesting a second MRI to give the surgeon the best and most updated perspective of the injured worker's anatomy. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. The request for MRI of the lumbar spine without contrast is not medically necessary.

**Gabapentin 600 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) and Gabapentin (Neurontin) Page(s): 16-17 and 49.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for

neuropathic pain. Anti-epilepsy drugs are recommended for neuropathic pain. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The injured worker should be asked at each visit as to whether there has been a change in pain or function. The injured worker has been taken Gabapentin since at least 01-27-2015. There is no evidence of neuropathic pain. Documentation further fails to show significant functional improvement with the treatment already provided to establish the medical necessity for ongoing use of Gabapentin. The request for Gabapentin 600 mg #90 is not medically necessary.

**Refill of Gabapentin 600 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) and Gabapentin (Neurontin) Page(s): 16-17 and 49.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that one recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The injured worker should be asked at each visit as to whether there has been a change in pain or function. The injured worker has been taking Gabapentin since at least 01-27-2015. The documentation should include supportive information related to a re-assessment evaluation. There was no evidence of a re-assessment evaluation or the injured worker being asked at each visit as to whether the Gabapentin produced a change in pain or function. The medical report dated 06-04-2015 indicates that the plan was to re-evaluate the injured worker's pain level with the medications in six weeks. The effectiveness of this medication was not assessed at each visit. Therefore, the request for a refill of Gabapentin is not medically necessary.

**Ibuprofen 800 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22 and 67-68.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, to reduce pain so that activity and functional restoration can resume. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The guidelines also indicate that long-term use may not be justified. MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. The injured worker had bilateral carpal tunnel syndrome confirmed in an electrodiagnostic study. She had a left carpal tunnel release procedure

on 04-01-2015. The injured worker has been taking Ibuprofen since at least 01-27-2015 with no significant improvement in functions or pain level. The request for Ibuprofen 800 mg #30 is not medically necessary.

**Refill of Ibuprofen 800 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22 and 67.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, to reduce pain so that activity and functional restoration can resume. The injured worker has been taking Ibuprofen since at least 01-27-2015. The documentation should include supportive information related to a re-assessment evaluation. It was noted that the injured worker continued to use her postoperative pain medication, and she requested refills of those medications and the other medication. The injured worker has been taking Ibuprofen prior to the surgery. The medical reports addressed the injured worker's use and refill of the postoperative medications. The follow-up evaluations do not provide supportive information related to the injured worker's use of prior medications. The medical report dated 06-04-2015 indicates that the plan was to re-evaluate the injured worker's pain level with the medications in six weeks. The effectiveness of this medication was not assessed at each visit. Therefore, the request for a refill of Refill of Ibuprofen 800 mg #30 is not medically necessary.

**Nexium 40 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

**Decision rationale:** This injured worker has been prescribed Ibuprofen, a non-steroidal anti-inflammatory medication (NSAID), and Nexium, a proton pump inhibitor (PPI). The CA MTUS Chronic Pain Guidelines indicate that co-therapy with an 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 > 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). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been taking Nexium since at least 01-27-2015. There was no documentation or discussion of any GI signs or symptoms. Therefore, the request for Nexium 40 mg #30 is not medically necessary.

**Refill of Nexium 40 mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

**Decision rationale:** This injured worker has been prescribed Ibuprofen, a non-steroidal anti-inflammatory medication (NSAID), and Nexium, a proton pump inhibitor (PPI). The CA MTUS Chronic Pain Guidelines indicate that co-therapy with an 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 > 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). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The injured worker has been taking Nexium since at least 01-27-2015. The treating physician requested a refill of Nexium. The documentation should include supportive information related to a re-assessment evaluation. It was noted that the injured worker continued to use her postoperative pain medication, and she requested refills of those medications and the other medication. The injured worker has been taking Nexium prior to the surgery. There was no documentation or discussion of any GI signs or symptoms. Therefore, the request for a refill of Refill of Nexium 40 mg #30 is not medically necessary.

**Norco 5/325 mg. #30: Upheld**

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

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 02-12-2015. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There is no evidence of significant pain relief or increased function from the opioids used to date. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco 5/325 mg. #30 is not medically necessary.