

<b>Case Number:</b>	CM15-0145133		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/28/2000
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Pediatrics, 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 62 year old male, who sustained an industrial injury on November 28, 2000. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having right cervical radiculopathy, right shoulder strain, left groin strain, lumbar strain with bilateral lumbar radiculitis, right cubital tunnel syndrome, and depression, anxiety, and insomnia secondary to pain. Diagnostic studies to date have included: On January 19, 2012, electromyography and nerve conduction velocity studies revealed bilateral carpal tunnel syndrome, worse on the right side, and mild chronic right cervical 5 and cervical 6 radiculopathy. On June 29, 2012, an MRI of the pelvis revealed mild osteoarthritis changes of the bilateral hips with minimal effusion and mild degenerative changes of the bilateral sacroiliac joints. On June 29, 2012, an MRI revealed an 8-millimeter broad-based posterior herniation with bilateral neural foraminal component of lumbar 5-sacral 1 causing mild to moderate central canal and neural foraminal narrowing bilaterally. There was an 8-millimeter broad-based posterior, right paracentral, and foraminal herniation of lumbar 4-5 disc causing mild to moderate central canal and neural foraminal narrowing on the left. There was a 3-millimeter diffuse disc bulge with left foraminal annular fissure at lumbar 3-4 causing mild central canal and neural foraminal narrowing bilaterally. There was a 3-millimeter diffuse disc bulge at the lumbar 2-3 level causing mild central canal and neural foraminal narrowing bilaterally. There was a 2 millimeter diffuse disc bulge at the lumbar 1-2 level without significant central canal and neural foraminal narrowing bilaterally. There was generalized facet arthropathy. On May 27, 2015, an MRI of the right shoulder revealed mild tendinosis and

tendinopathy of the supraspinatus and subscapularis. There was congenital os acromiale with moderate acromioclavicular joint arthropathy with inferiorly directed osteophytic ridging contributing to minimal narrowing of the supraspinatus outlet. Surgeries to date have included a cervical 3-4 anterior cervical discectomy and fusion in August 2003, cervical spine surgery on August 3, 2006, an anterior cervical fusion at cervical 5-6 on September 8, 2006, a posterior fusion and foraminotomy at cervical 5-6 on September 17, 2007, a left inguinal hernia repair in March 2001. Treatment to date has included a home exercise program, psychiatric care, splinting for cubital tunnel syndrome, a daytime brace and nighttime brace for right wrist, a back brace, and medications including short-acting opioid analgesic, muscle relaxant, anti-epilepsy, antidepressant, sleep, anti-anxiety, proton pump inhibitor, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypertension. On June 19, 2015, the injured worker reported neck pain with weakness and numbness of the right upper extremity. He reported right shoulder pain, especially with at or above shoulder reaching. He was unable to lie too long on the right side. He reported left groin area pain and burning sensation in the left medial and anterior thigh, right wrist and hand weakness, depression and anxiety due to chronic pain, sleep difficulty due to chronic pain, numbness of the right fourth and fifth digits and pain in the right elbow, cervicogenic headaches with vascular features, and low back pain that radiated to the buttock and posterior thighs. The physical exam revealed an initially antalgic gait due to left groin pain, visible atrophy of the right first distal interosseous muscle, and a less prominent right hypothenar eminence than the left. There was moderately decreased sensation in the right fourth and fifth digits in the cervical 8 versus ulnar nerve distribution. The injured worker was wearing braces on the right wrist and right elbow. There was full range of motion of the right wrist, erythema and mottling of the right hand, guarding of the right hand by the injured worker, ability to make 80% right fist as compared to left, normal but slow right wrist dorsiflexion and palmar flexion. There was an anterior cervical scar, slight to moderate paracervical spasm, and decreased cervical range of motion. There was acromioclavicular region and bicipital groove tenderness and decreased range of motion of the right shoulder. There was slight to moderate spasm of the bilateral paralumbar muscles with decreased range of motion. There was a positive left elbow Tinel's test with numbness and tingling of the fourth and fifth digits. His work status is permanently totally disabled. The treatment plan includes an orthopedic consultation for the right shoulder, supplies for muscle stimulator unit, counterforce elbow brace, massage therapy for the neck, right shoulder, low back; Morphine sulfate IR, Ibuprofen 10% cream, Norco, Naproxen sodium, Imitrex, Flexeril, Ambien, and Xanax.

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

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

**Orthopedic consultation for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder  
Complaints Page(s): 196.

**Decision rationale:** Per the ACOEM (American College of Occupational and Environmental Medicine), referral to a specialist may be indicated if shoulder symptoms persist more than 4-6 weeks. The medical records show that the injured worker's right shoulder symptoms have persisted for more than 6 weeks. However, there is lack of documentation of failure of conservative treatment and no surgical indication at this time. Therefore, the request for an orthopedic consultation for the right shoulder is not medically necessary.

**Supplies for muscle stimulator unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrical stimulators (E-stim); Transcutaneous electrotherapy; Neuromuscular electrical stimulation (NMES devices) Page(s): 45; 114; 121.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (MTUS) guidelines, neuromuscular electrical stimulation (NMES devices) are not recommended for chronic use as there is no evidence to support its use. The primary use of neuromuscular electrical stimulation is as part of a rehabilitation program following stroke. There is lack of documentation of the indication of use of a muscle stimulator unit for the injured worker. There was no documentation of the injured worker being status post stroke and involved in a rehabilitation program. Therefore, the request for supplies for muscle stimulator unit is not medically necessary.

**Counterforce elbow brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 233-234.

**Decision rationale:** The ACOEM (American College of Occupational and Environmental Medicine) recommends an elbow support for epicondylitis and as an option for olecranon bursitis. There is lack of documentation of the injured worker having an approved diagnosis for treatment with an elbow support. Therefore, the request for a counterforce elbow brace is not medically necessary.

**Massage therapy 2 x 3 for the neck, right shoulder, low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Shoulder (Acute & Chronic): Massage and Physical therapy Low Back - Lumbar & Thoracic (Acute & Chronic): Massage and Manipulation Neck & Upper Back(Acute & Chronic): Massage and Manipulation.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CMTUS), Chronic Pain Medical Treatment Guidelines recommend massage therapy as "adjunct to recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." Massage is a passive intervention and treatment dependence should be avoided. The Official Disability Guidelines (ODG) recommends massage as an option for the neck, shoulder, and low back adjunct to an exercise program. The ODG recommends up to 8 visits over 10 weeks of massage an adjunct to physical therapy for a sprained shoulder; a trial of 6 visits over 2 weeks an adjunct to manipulation therapy for the low back, up to 18 visits over 6-8 weeks with evidence of objective functional improvement; and not for more than 2-3 weeks as an adjunct to manipulation therapy for cervical nerve root compression with radiculopathy, "up to 18 visits over 6-8 weeks, if acute, with evidence of objective functional improvement, total of avoid chronicity and gradually fade the patient into active self-directed care." There is lack of evidence to support the injured worker has a recent flare-up of his chronic neck, shoulder, and low back pain. Therefore the request for massage therapy for the neck, right shoulder, and low back is not medically necessary..

**Morphine sulfate IR 15mg #60:** Upheld

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

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

**Decision rationale:** The long-term usage of opioid therapy is discouraged by the 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." In addition, CMTUS guidelines also detail indications for discontinuing opioid medication, such as serious non-adherence or diversion. The medical records show that since at least January 2015, the injured worker has been taking Norco and Morphine sulfate IR, which are both short-acting opioids. The medical records indicate has been taking the Morphine sulfate IR for breakthrough pain. There was lack of specific directions for the use of Norco versus Morphine sulfate IR. There was lack of physician documentation of the current pain, least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was a lack of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant, and the lack of objective evidence of functional benefit obtained from the opioid medication. There was lack of documentation of a

recent urine drug screen to support compliance of treatment with Norco and Morphine sulfate IR, which would be necessary for continued usage. Therefore, the Morphine sulfate IR is not medically necessary.

**Ibuprofen 10% cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The CMTUS recommends topical non-steroidal anti-inflammatory agents (NSAIDs) for short-term use (4-12 weeks) for "osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." The injured worker has been using Ibuprofen 10% cream since at least January 2015. There is lack of documentation significant improvement in pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the activities of daily living and dependency on continued medical care. The injured worker is also prescribed Naproxen sodium, an oral non-steroidal anti-inflammatory drug, which is duplication of therapy. Therefore, the Ibuprofen 10% cream is not medically necessary

**Norco 10/325mg #120:** Upheld

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

**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 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." In addition, CMTUS guidelines also detail indications for discontinuing opioid medication, such as serious non-adherence or diversion. The medical records show that since at least January 2015, the injured worker has been taking Norco and Morphine sulfate IR, which are both short-acting opioids. The medical records indicate has been taking the Morphine sulfate IR for breakthrough pain. There was lack of specific directions for the use of Norco versus Morphine sulfate IR. There was lack of physician documentation of the current pain, least reported pain over the period since last assessment, average pain, how long

it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was a lack of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant, and the lack of objective evidence of functional benefit obtained from the opioid medication. There was lack of documentation of a recent urine drug screen to support compliance of treatment with Norco and Morphine sulfate IR, which would be necessary for continued usage. Therefore, the Norco is not medically necessary.

**Naproxen sodium 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects: Naproxen (Naprosyn) Page(s): 67-68; 73.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-steroidal anti-inflammatory drugs are recommended as a second-line treatment after acetaminophen for short-term relief of osteoarthritis, acute exacerbations of low back pain symptoms, and symptomatic relief of chronic low back pain. The injured worker has been taking Naproxen sodium since at least January 2015. There is lack of documentation significant improvement in pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the activities of daily living and dependency on continued medical care. The injured worker is also prescribed a topical Ibuprofen, a non-steroidal anti-inflammatory drug, which is redundant. Therefore, the Naproxen sodium is not medically necessary.

**Imitrex 25mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Imitrex® (sumatriptan); Triptans.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CMTUS) guidelines are silent with regard to Imitrex. The Official Disability Guidelines (ODG) recommends Imitrex, a triptan medication, for migraines. The injured worker has been using Imitrex since at least January 2015 for cervicogenic and muscle contraction headaches. There was lack of documentation of the injured worker being diagnosed with migraines. There is lack of documentation of the efficacy of Imitrex in treating his headaches. Therefore, the Imitrex is not medically necessary.

**Flexeril 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299; 308, Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63- 66.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution for short-term treatment of acute exacerbations of chronic low back pain as a second-line option. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The CMTUS guidelines recommend Cyclobenzaprine (Flexeril) for short-term treatment (no longer than 2-3 weeks) to decrease muscle spasms in the lower back. The ACOEM (American College of Occupational and Environmental Medicine) guidelines recommend muscle relaxants for the short-term treatment of acute spasms of the low back. There was lack of documentation of a recent acute exacerbation of chronic low back pain. The medical records show that the injured worker has been taking Flexeril as needed since at least January 2015, which exceeds the short-term treatment recommended by the guidelines. In addition, the #60 tablets of Flexeril prescribed imply long-term use, not a short period of use. Therefore, the Flexeril is not medically necessary.

**Ambien 10mg #30:** Upheld

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

**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.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CMTUS) guidelines are silent on this request. The Official Disability Guidelines (ODG) guidelines recommend Zolpidem (Ambien), short-acting non-benzodiazepine hypnotic, a for short-term (7-10 days) 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 no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. The injured worker has been taking Ambien since at least January 2015, which exceeds the guideline recommendation. Therefore, the request for Ambien is not medically necessary.

**Xanax 0.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Anxiety medications in chronic pain; Benzodiazepines; Xanax® (Alprazolam).

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, benzodiazepines are recommended for short-term use (limited to 4 weeks use by most guidelines) due to long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines have sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. Chronic benzodiazepines are the treatment of choice in very few conditions. The tolerance of the hypnotic effects of benzodiazepines develops rapidly, tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. "A more appropriate treatment for anxiety disorder is an antidepressant". Per the Official Disability Guidelines (ODG), Xanax is recommended for the short-term treatment (2-4 weeks) of moderate to severe anxiety disorders. The injured worker has been taking Xanax since at least January 2015, which exceeds the guideline recommendations. The ongoing use of Xanax does not meet the guideline recommendations. Therefore, the request for Xanax is not medically necessary.