

Case Number:	CM15-0162885		
Date Assigned:	08/31/2015	Date of Injury:	06/15/2013
Decision Date:	10/09/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28 year old female who sustained an industrial-work injury on 6-15-13. She reported an initial complaint of neck and back pain. The injured worker was diagnosed as having neck pain, cervical degenerative disc disease, cervical radiculopathy, cervical stenosis, thoracic pain, low back pain, lumbar discogenic pain, lumbar facet pain, right shoulder pain, left wrist pain, myalgia, chronic pain syndrome, and numbness. Treatment to date includes medication, physical therapy and surgery (left carpal tunnel release on 7-22-14, cervical spine on 8-18-14, right shoulder on 4-24-15). MRI results were reported on 7-7-14 and 1-27-15. EMG-NCV (electromyography and nerve conduction velocity test) was done and demonstrated bilateral L5 and S1 radiculitis. Currently, the injured worker complained of low worsening back, neck, left wrist, and right shoulder pain. Pain is rated 9 out of 10 without medication and 8 out of 10 with medication. Per the primary physician's report (PR-2) on 8-4-15, exam noted decreased strength in the bilateral lower extremities, moderate tenderness over the lumbar paraspinals, myofascial spasms, and restrictions appreciated in the lumbar spine, positive nerve root tension sign on the left, diffuse tenderness to palpation of the left wrist, and limited range of motion in the left wrist with flexion, extension, and ulnar and radial deviation. Current plan of care included medications. The requested treatments include Pregabalin (Lyrica) 50mg, Naproxen Sodium (Anaprox) 550mg, Cyclobenzaprine (Flexeril) 7.5mg, Omeprazole (Prilosec) 20mg, Tramadol (Ultram) 50mg, and Neurosurgeon consult for second opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pregabalin (Lyrica) 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The IW presents with chronic musculoskeletal and neuropathic pain. CA MTUS, anti-epilepsy drugs, states, "A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails." The medical records provided do not document a moderate response with all medications taken together. The beneficial effect of AEDs is not specifically documented. The request is not medically necessary.

Naproxen Sodium (Anaprox) 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The IW presents with history of a left CTR and cervical fusion with minimal relief. The last PR2 states her pain is 10/10 without medication. CA MTUS pg. 60 states, " A record of pain and function with the medication should be recorded." The most recent progress report does not quantify the pain relief but does mention improvement of ADLs. There appears to be no adverse effects from the medication. The request is medically necessary.

Cyclobenzaprine (Flexeril) 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request is for Cyclobenzaprine which the progress report of 8/27/2015 states was causing dizziness and nausea. Based on the IW's complaints, this medication was discontinued. In this case, the medication was causing more harm than benefit. Although evidence was provided of the beneficial effect of combination NSAID and muscles relaxants, it

does not supersede primary guidelines. In addition, the amount requested was greater than allowed by CA MTUS guidelines. The request is not medically necessary.

Omeprazole (Prilosec) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The IW is s/p left CTR and cervical fusion. The CA MTUS, NSAIDS, state, "determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)". Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is discussion of GI symptoms but does not attribute it to NSAID use. The IW does not have the above mentioned risk factors. The request is not medically necessary.

Tramadol (Ultram) 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The IW presents with chronic musculoskeletal and neuropathic pain. CA MTUS, opioids, state, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, adverse effect of dizziness is documented, aberrant behavior is monitored and there is nonspecific mention of improved ADLs is mentioned. Quantification of analgesia is mentioned without attribution to opioids. The CA MTUS requires more thorough documentation of the 4As. The request is not medically necessary.

Neurosurgeon consult for second opinion: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The IW is s/p cervical fusion on 8/18/2014. She now complains of radicular neck pain. Her neurosurgeon has recommended another surgery. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 state, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, there does not appear to have been another injury to the IW. Her initial work-up was significant for a C7 radiculitis. It would not have been expected that the IW would significantly improve from surgical intervention. Nonetheless, the IW underwent a cervical fusion and, as expected, did not improve significantly. This case falls under the category of extremely complex and a surgical second opinion is indicated. The request is medically necessary.