MAXIMUS Federal Services

Case Number:	CM15-0167520		
Date Assigned:	09/08/2015	Date of Injury:	11/09/2010
Decision Date:	10/27/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/25/2015

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

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 56 year old male who sustained an industrial injury on 11-9-10. The injured worker reported cervical spine pain, bilateral shoulder pain, bilateral hand and wrist pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervical disc with radiculitis, lumbar disc with right lower extremity radiculitis and left elbow epicondylitis. Medical records did not indicate a pain rating. Records dated 7-23-15 indicate worsening of the injured worker's activities of daily living. Provider documentation dated 7-23- 15 noted the work status as not working, noting the date last worked as December 2010. Treatment has included radiographic studies, magnetic resonance imaging, medication management, injection therapy, physical therapy, activity modification, shockwave treatments to the shoulder (2011-2014), chiropractic treatments, acupuncture treatment and status post left shoulder arthrogram (12-30-14). Objective findings dated 7-23-15 were notable for tenderness to the cervical spine paravertebral musculature, upper trapezium, cervical range of motion performed without discomfort, shoulder with tenderness to the left supraspinatus, impingement and Hawkins sings positive on the left, wrist and hand examinations revealed Phalen and reverse Phalen testing positive bilaterally. The original utilization review (7-23-15) denied Hydrocodone-APAP 10 milligrams-325 milligrams quantity of 120, Pantoprazole delayed release 20 milligrams quantity of 60, 30 day supply, consult second opinion orthopedist evaluation of the left shoulder, the cervical spine and bilateral carpal tunnel syndrome, magnetic resonance imaging of the cervical spine, electromyography and nerve conduction studies of the upper extremities, follow up with Doctor and Physical Therapy rehabilitation 2-3 times a month for flare up and aggravation and prevent deterioration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10mg/325mg #120: 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, criteria for use, Opioids for chronic pain.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Although urine drug testing was carried out in June 2015, improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, on page 88 of the CPMTG, there is a recommendation in long term opioid use of the following: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Given this, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. The request is not medically necessary.

Pantoprazole DR 20mg #60, 30 day supply; CL 30 gram: 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: Pantoprazole is a proton pump inhibitor (PPI). In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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). In the case of this injured worker, there is documentation of gastritis but no explanation as to how this was caused or whether it was NSAID related or not. It is not apparent

whether the gastritis is industrially related. This diagnosis of gastritis is mentioned in several progress notes without any identifying etiology. Given this, this request is not medically necessary.

Consult Second opinion orthopedist evaluation of the left shoulder, the cervical spine and bilateral carpal tunnel syndrome: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: In regards to the request for orthopedic consultation, the ACOEM Practice Guidelines recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the submitted documentation, there is documentation of prior orthopedic consultation in July 2015. A progress note from 6/3/15 and 6/19/15 indicates that the patient has full AROM of the hand and equal grip strength. No clear rationale is provided as to why the 2nd opinion is necessary. Given this clinical picture, this request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI Topic.

Decision rationale: Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. The ODG stipulate that repeat studies should be reserved for a significant change in pathology. Within the documentation available for review, there is documentation of prior MRI but the date of this is not known as an original report was not located. The series progress notes by the chiropractic consultant from early to mid 2015 indicates in the objective section that an MRI of the neck had been performed with the notation "6-7 mm" next to this result possibly implying a disc herniation of this size. These notes do no document any red flag signs present on exam. The recent progress notes do not demonstrate any acute change in pathology that would be concerning such as progressive weakness, sensory loss, or gait disturbance. There is no clear rationale for a repeat study. Given this, the request is not medically necessary.

EMG and nerve conduction studies of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Regarding the request for repeat EMG and nerve conduction study of the upper extremity, ACOEM Practice Guidelines state that the electromyography and nerve conduction study may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, the patient has had a prior EMG study showing findings consistent with carpal tunnel syndrome and cervical radiculopathy. This is documented in the objective section of a progress note dated 5/15/15. It is unclear how the patient's symptoms have changed since the last exam to warrant to a repeat study at this time. Also, no rationale is stated as to how this will affect treatment. As such, the current request is not medically necessary.

Followup with Doctor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommends expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. However, in this case, the rationale for follow up is not clear. Firstly, it is unclear what specialty is requested, but based upon the UR determination, it appears that internal medicine consultation was requested. The patient has principally musculoskeletal complaints, and there are issues with hypertension, but since there is a lack of rationale and there needs to be clarification as to the specialty of the consultant, this request is not medically necessary.

Physical Therapy/Rehab 2-3x/mo for Flare Up & Aggravation and Prevent Deterioration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 state the following: Physical Medicine: Recommended as indicated below: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines:-Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8- 10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." In the case of this request, the medical necessity of future PT should be based upon documentation of pain, objective functional deficits, and prior functional improvement from previous physical therapy. An ongoing request for PT 2-3 times per month to prevent deterioration and flare-ups is not in line with the CA MTUS. Therefore additional physical therapy requested in this manner is not medically necessary.