

Case Number:	CM15-0183106		
Date Assigned:	09/24/2015	Date of Injury:	08/05/2002
Decision Date:	12/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 64 year old female, who sustained an industrial injury on August 5, 2002. She reported neck pain, right shoulder pain and right upper extremity pain. The injured worker was diagnosed as having cervical disc disease, chronic neck pain, cervical disc degeneration with disc herniations compressing the spinal cord, status post decompression and fusion of the cervical spine, probable right cervical 7 nerve root irritation, right arm pain, spasms and parasthesias, possible concomitant right shoulder rotator cuff tendonitis, probable clinical cervical myelopathy, Plavix utilization and chronic opioid medication management secondary to intolerance of NSAIDs status post completion of pain management agreement and informed consent. Treatment to date has included diagnostic studies, surgical intervention of the cervical spine, medications and work restrictions. Currently, the injured worker continues to report severe neck pain with associated right arm pain, left ankle pain and left foot numbness and tingling. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. Evaluation on July 23, 2015, revealed continued pain as noted. She noted the neck pain was worsening and she was experiencing pain, tingling and numbness in the left foot after recently spraining the left ankle. She noted Tramadol upset her stomach. Evaluation on August 28, 2015, revealed continued pain as noted. It was noted she appeared uncomfortable, had severe limited range of motion and positive Hoffmann's reflexes over the right arm. It was noted she wished to proceed with surgical intervention. A Medrol Dosepak to decrease inflammation was ordered. The RFA included requests for Baclofen 10mg #60, Methylprednisolone does pak and Norco

10/325mg #90 that were non-certified and a Spine surgeon consultation and treatment that was modified on the utilization review (UR) on September 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgeon consultation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

Decision rationale: Spine Surgeon consultation and treatment is medically necessary. Per ACOEM referral may be appropriate if the practitioner is uncomfortable with the enrollee's presentation, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan... Page 127 of the same guidelines states: "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." An independent medical assessment may also be useful in avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A follow-up may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The enrollee presents with a new physical finding; therefore, a surgical consult is medically necessary and appropriate.

Norco 10/325mg #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): Opioids for chronic pain.

Decision rationale: Norco 10/325mg #90 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there

was a lack of improved function with this opioid. In fact the claimant was designated permanent and stationary; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant of this medication to avoid side effects of withdrawal.

Baclofen 10mg #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: Baclofen 10mg #60 is not medically necessary. Ca MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). (ICSI, 2007) Side Effects: Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation. This drug should not be discontinued abruptly (withdrawal includes the risk of hallucinations and seizures). Use with caution in patients with renal and liver impairment. Dosing: Oral: 5 mg three times a day. Upward titration can be made every 3 days up to a maximum dose of 80 mg a day. (See, 2008); Therefore, the requested service is not medically necessary.

Methylprednisolone does pak: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain: Oral corticosteroids.

Decision rationale: Methylprednisolone does pak is medically necessary. Per ODG oral steroids are recommended for acute pain but not recommended for chronic pain. Methylprednisolone is recommend in limited circumstances for acute radicular pain, multiple severe adverse effects have been associated with systemic steroid use and this more likely to occur after long-term use. Medrol tablets are not approved for pain. In this case there is no documentation or prior use of Medrol dose pack. The patient presents with new physical findings and flare up; therefore the requested medication is medically necessary.