

<b>Case Number:</b>	CM15-0189421		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/18/2003
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old female with a date of industrial injury 2-18-2003. The medical records indicated the injured worker (IW) was treated for cervical sprain with facet inflammation and radiculitis; status post left shoulder decompression, modified Mumford procedure, biceps tendon release and stabilization; discogenic lumbar condition with radicular component down the left lower extremity; and chronic pain syndrome with associated weight gain of 200 pounds. In the progress notes (8-19-15), the IW reported constant neck pain and spasms with stiffness and headaches; low back pain, intermittently going down the leg; and left shoulder pain with overhead reaching. She was taking Norco (since at least 1-2015), Topamax, Naprosyn and Protonix. The IW was not working. On 7-20-15, she reported the same symptoms, with the addition of popping and clicking in the left shoulder. On examination (8-19-15 notes), there was tenderness along the cervical paraspinal muscles, pain along the facets and pain with facet loading. There was also pain along the trapezius and the shoulder girdle. Treatments included medications, bracing, TENS unit, spinal injections, left shoulder surgery and postoperative physical therapy. A urine toxicology screen dated 7-22-15 was negative for all drugs, which was not consistent with prescribed medications. There were no recent radiographic reports submitted. A Request for Authorization dated 8-19-15 was received for a pain management evaluation, Norco 10-325mg #60, Topamax 50mg, #60, an MRI of the cervical spine without contrast and an MRI of the lumbar spine without contrast. The Utilization Review on 8-26-15 non-certified the request for a pain management evaluation, Norco 10-325mg #60, Topamax 50mg, #60, an MRI of the cervical spine without contrast and an MRI of the lumbar spine without contrast.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One pain management evaluation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic Pain Disorder; Section: Therapeutic procedures, Non-Operative), 04/27/2007, page 56.

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

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of pain management referral for this patient. Per MTUS, "Patients not responding to initial or subacute management or those thought to be at risk for delayed recovery should be identified as early as possible." This patient has been demonstrated to have failed multiple modalities at pain control including acupuncture, chiropractor, medication and physical therapy. The patient reports insomnia secondary to chronic pain. He has also been partially disabled secondary to his chronic pain and joint complaints. Referral for pain management evaluation has the potential to allow for functional improvement with adequate pain control. Therefore, based on the submitted medical documentation, the request for speech evaluation is medically necessary.

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Norco 10/325 is not medically necessary.

**Topamax 50mg #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): Anti-epilepsy drugs (AEDs).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Topamax (topiramate), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Guideline does acknowledge that topiramate or Topamax can be considered for neuropathy pain when other anticonvulsants fail, in this case, however, the evidence on file did not establish the failure of other first line therapies for neuropathic pain. Therefore, based on the submitted medical documentation, the request for topiramate is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (acute & chronic) Magnetic resonance imaging (MRI) (2015).

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this imaging study for this patient. The California MTUS guidelines state regarding special studies of the Cervical spine, "Criteria for ordering imaging studies are: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure." Regarding this patient's case, this patient had worsening onset of pain with a 200lb weight gain. Since prior evaluation, the documentation provided does not suggest any significant change in symptoms. No new red flags are documented. Likewise, there is no documentation of a planned eminently invasive procedure. Therefore, based on the submitted medical documentation, the request for an MRI of the cervical spine is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back \_ Lumbar & Thoracic (acute & chronic): MRIs (magnetic resonance imaging) (2015).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, Special Studies.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a lower back (lumbar spine) MRI for this patient. The MTUS guidelines recommend that: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this patient's case, the patient's physical exam does not document any red flag symptoms (bowel/bladder incontinence, saddle anesthesia, fevers) or new neurologic deficits to warrant a lower back MRI study. The patient's complaints of pain are subjective and not in a radicular distribution. Therefore, based on the submitted medical documentation, the request for a MRI of the lumbar spine is not medically necessary.