MAXIMUS Federal Services

Case Number:	CM15-0190922		
Date Assigned:	10/06/2015	Date of Injury:	09/23/2002
Decision Date:	12/08/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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: Emergency 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 64 year old female who sustained an industrial injury on 9-23-02. A review of the medical records indicates she is undergoing treatment for complex regional pain syndrome type II upper, cervical degenerative disc disease, and long term use of opiate analgesic, as well as type II diabetes mellitus, hypothyroidism, hypertension, restless leg syndrome, angina, chronic obstructive pulmonary disease, depression, and anxiety. Medical records 8-11-15 to 9-9-15) indicate complaints of right hand pain. She reports that she has intermittent swelling of the hand. She states that "some days are better than others". She rates her pain "8 out of 10". She reports that pain "ascends to the proximal portion of her upper extremity". She also has pain in the muscles around the neck and shoulder. She denies radicular pain. The physical exam (8-11-15) reveals tenderness to palpation of the midline and right paravertebral muscles of the cervical spine, as well as to the right scapula, medially. Restricted range of motion of the cervical spine is noted "in all planes", "but especially with lateral bending to the left or rotation to the left". Motor strength is "5 out of 5" on the left side and "2 out of 5" on the right side. No swelling of the right hand is noted. Obvious guarding" is noted. Diagnostic studies have included "MRIs, CT scans, and x-rays", an EMG-NCV, bone scan, bone density test, a functional capacity evaluation, and urine drug screens. The most recent urine drug screen indicates negative results for Oxycodone, which is indicated as "consistent". Treatment has included physical therapy, a TENS unit, and medications. Medications tried include Flexeril, Valium, Zanaflex, Tramadol, over-the counter and prescription pain creams, Cymbalta, Lyrica, and Oxycodone. Her current (8-11-15) medications include Tylenol 500mg every 4-6 hours as

needed, Metformin 1000mg twice daily, Lovastatin 20mg daily, Imdur 30mg daily, Bystolic 5mg daily, Amlodipine 5mg daily, Hydrochorothiazide 12.5mg twice daily, Rythmol 150mg every 8 hours, Aspirin 81mg daily, Requip 1mg daily, Levothyroxine 88mcg daily, Lyrica 75mg four times daily, Nitroglycerin 4mg tabs as needed Tramadol 50mg three times daily, Flexeril 10mg twice to three times daily, Lorazepam 1mg daily, Co Q-10 100mg daily, Folic Acid .04mg daily, Vitamin D3 2000IU daily, Biotin 300mcg daily, Claritin 10mg daily, Spiriva 18mcg daily, Zofran 4mg every 8 hours, Cymbalta 60mg daily, Oxycodone 5mg every 6 hours, and Albuterol 2.5mg per 3ml solution every 6 hours. The records do not indicate how long the injured worker has been receiving Oxycodone. The treatment recommendations include an MRI of the cervical spine, a bone scan - triple phase, and a refill of Oxycodone 5mg every 6 hours #120, as well as other medications, and a prescription for Flurbiprofen20%-Cyclobenzaprine 2%-Baclofen 2%-Gabapentin 6%-Lidocaine 2.5% compound cream 4 times daily topically #240gms with one refill. The utilization review (9-11-15) indicates modification of Oxycodone to a quantity of 90. The compound cream and bone scan were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 mg #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 Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. As part of the pain treatment agreement, it is advised that "Refills are limited, and will only occur at appointments." In this case, there is inadequate documentation of persistent functional improvement seen. As such, the request is not medically necessary. All opioid medications should be titrated down slowly in order to prevent a significant withdrawal syndrome.

Flurbiprofen 20%, Cyclobenzaprine 2%, Baclofen 2%, Gabapentin 6%, Lidocaine 2.5% compound #240 grm with 1 refill: Upheld

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

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

Decision rationale: The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients which each have specific properties and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the use of gabapentin is not indicated for use for the patient's condition. This is secondary to poor clinical evidence of efficacy. As such, the request is not medically necessary.

MRI of cervical spine: 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) Neck and upper back complaints/MRI.

Decision rationale: The request is for an MRI. The ACOEM guidelines state that when there is physiological evidence of tissue insult or neurological deficits, consider a discussion with a consultant regarding the next steps including MRI imaging. An imaging study may be appropriate in patients where symptoms have lasted greater than 4-6 weeks and surgery is being considered for a specific anatomic defect or to further evaluate the possibility of serious pathology, such as a tumor. Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and, therefore, has no temporal association with the symptoms. The ODG guidelines regarding qualifying factors for an MRI of the neck or upper back are as follows: Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. In this case, there is inadequate documentation in a change in neurologic status seen on exam. The records do not indicate new "red flags" which would warrant further imaging evaluation. Pending further information regarding new neurologic deficits, the request is not medically necessary.

Bone scan triple phase: 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) Neck and upper back (acute & chronic)/Bone scan.

Decision rationale: Not recommended except as an option in follow-up evaluation of osseous metastases. This recommendation is based on evidence more current than the 1994 AHCPR Guideline, which had recommended this procedure for neck pain with no improvement after one month. Radionuclide bone scanning should not be the initial procedure of choice for patients with chronic neck pain, regardless of the etiology, including trauma, arthritis, or neoplasm. (Spitzer, 1995) (Daffner, 2010) For follow-up evaluation of osseous metastatic disease in malignant or aggressive musculoskeletal tumors, the Tc-99m bone scan of the whole body is a useful screening tool, but in cases of abnormal spine uptake, SPECT/CT can be used to better distinguish metastases from degenerative changes. There is a paucity of recent literature regarding whole-body bone scan and screening for osseous metastases. Much of this likely relates to recent advances in FDG-PET/CT and whole-body MRI and their superior anatomic resolution and specificity. Nonetheless, whole-body bone scan remains a useful screening tool in osseous metastatic disease, with an overall sensitivity comparable to that of FDG-PET/CT. In cases where there is abnormal radiotracer uptake in the spine, SPECT/CT can be used to better distinguish metastases from degenerative changes, thus increasing specificity. (Fitzgerald, 2011) A bone scan is an imaging test intended to detect increased activity in bone, such as fractures, infections, inflammation, or tumors (benign or malignant), by detecting changes in function before structural changes occur. In this case, this study is not indicated. This is secondary to inadequate documentation of qualifying criteria as listed above such as osseous metastatic disease. As such, the request is not medically necessary.