

Case Number:	CM15-0194799		
Date Assigned:	10/08/2015	Date of Injury:	06/26/2003
Decision Date:	12/15/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/05/2015

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: New York

Certification(s)/Specialty: Internal 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 47 year old male who sustained an industrial injury 06-26-03. A review of the medical records reveals the injured worker is undergoing treatment for cervical discopathy with disc displacement, status post cervical fusion, cervical radiculopathy, right shoulder impingement syndrome, status post-surgery, and thoracic musculoligamentous injury. Medical records (07-30-15) reveal the injured worker complains of sharp pain in the top of the right shoulder blade, neck pain, depression, and anxiety. His pain is not rated. The physical exam (08-29-15) reveals tenderness to palpation of the cervical and thoracic paraspinal musculatures with decreased range of motion. The right shoulder also reveals tenderness to palpation over the acromioclavicular joint as well as the top of the shoulder joint. Strength is noted to be 5/5 in the bilateral upper and lower extremities. Sensation is intact to light touch and pinprick in the bilateral upper and lower extremities. Prior treatment includes cervical fusion, right shoulder surgery, and medications. The original utilization review (09-14-15) non-certified the request for Soma 350mg #90, Gabapentin 600mg #90, and MRIs of the cervical spine and right shoulder. The documentation support that the injured worker has been on Soma and gabapentin since at least 04-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma (Carisoprodol) 350mg #90: Upheld

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

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

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Gabapentin 600mg #90: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. CA MTUS Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this class of medications for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). 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: a switch to a different first-line agent (tricyclic antidepressant, serotonin norepinephrine reuptake inhibitor or antiepileptic drug are considered first line treatment) or combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. In this case, there was no discussion of a 30-50% percent reduction of pain with use of Gabapentin. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical

necessity for the requested treatment is not established. The requested treatment: Gabapentin 600mg #90 is not medically necessary.

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

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

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 Chapter-- Magnetic resonance imaging (MRI).

Decision rationale: MTUS/ACOEM state many patients with strong clinical findings of nerve root dysfunction due to disk herniation recover activity tolerance within one month; there is no evidence that delaying surgery for this period worsens outcomes in patients without progressive neurologic findings. Spontaneous improvement in MRI documented cervical disk pathology has been demonstrated with a high rate of resolution. As per ODG: criteria for 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. Review of submitted medical records of injured worker mention about sharp pain in the top of the right shoulder blade, neck pain, depression, and anxiety. As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs. The records are not clear about neurological findings, and there are no red flags. There is no documentation of failed conservative measures and no reports of prior imaging, if any can be located within the submitted medical records. The treating provider does not provide specific rationale as to how MRI Study will affect the treatment plan in this injured worker. Review of submitted Records provide no clear rationale that meets the recommended guidelines for this requested treatment. Without such evidence and based on guidelines cited, the request for MRI cervical spine is not medically necessary and appropriate.

MRI (Magnetic Resonance Imaging) of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter- - Magnetic resonance imaging (MRI).

Decision rationale: As per ODG: criteria for MRI (magnetic resonance imaging): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Sub acute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Review of submitted medical records of injured worker mention about sharp pain in the top of the right shoulder blade, neck pain, depression, and anxiety. As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs. The records are not clear about neurological findings, and there are no red flags. There is no documentation of failed conservative measures and no reports of prior imaging, if any can be located within the submitted medical records. The treating provider does not provide specific rationale as to how MRI Study will affect the treatment plan in this injured worker. Review of submitted Records provides no clear rationale that meets the recommended guidelines for this requested treatment. Without such evidence and based on guidelines cited, the request for MRI of the right shoulder is not medically necessary and appropriate.