MAXIMUS Federal Services

Case Number:	CM15-0196588		
Date Assigned:	10/13/2015	Date of Injury:	11/04/2013
Decision Date:	12/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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: Oregon
Certification(s)/Specialty: Plastic Surgery, Hand Surgery

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 57 year old male, who sustained an industrial injury on 11-04-2013. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for chronic back pain, lumbar radiculopathy, insomnia, anxiety and depression, status post laminectomy at left L1-L2 in November 2014, and L2-L3, L3-L4, L4-L5, and L5-S1 multilevel disc protrusions, worse at L4-L level to the left with facet arthropathy changes in the disc and ligamentum flavum hypertrophy. Treatment and diagnostics to date has included lumbar spine surgery, postoperative therapy, epidural steroid injection, lumbar back brace, and medications. Recent medications have included Tylenol #4 (since at least 08-10-2015), Ultracet (since at least 07-01-2015), Omeprazole (since at least 08-10-2015), and Voltaren XR (since at least 07-01-2015). No radiologic or physical therapy reports or urine drug screens noted in received medical records. After review of progress notes dated 08-10-2015 and 09-09-2015, the injured worker reported pain in the neck (rated 6 out of 10) with radiation to his bilateral upper extremities and pain in the lower back (rated 5-7 out of 10) with radiation to the bilateral lower extremities. Objective findings included no tenderness to palpation of the cervical or lumbar paravertebral musculature or bilateral shoulders, decreased cervical, lumbar, and bilateral shoulder range of motion, positive bilateral Spurling's test, positive bilateral straight leg raise and Braggard's tests, positive left sided femoral stretch and Kemp's tests, decreased sensation in the left upper extremity, and positive Hoffman's sign on the right side. The treating physician on 08-10-2015 noted the injured worker had "improvement with activities of daily living following eight visits of physical therapy treatment" and the physician on 09-09-2015 noted that an MRI of the lumbar spine was obtained in March 2014 but

with "unknown results". The request for authorization dated 09-09-2015 requested MRI of the cervical spine, MRI of the lumbar spine, MRI of the bilateral shoulders, physical therapy for the cervical spine, lumbar spine, and bilateral shoulders, consultation with a psychologist, comprehensive metabolic panel test, Ultracet, Voltaren XR, Prilosec, Flexeril, and final confirmation of urine drug test results. The Utilization Review with a decision date of 09-24-2015 non-certified the request for MRI of cervical spine, MRI of lumbar spine, MRI of bilateral shoulders, physical therapy for the cervical spine, lumbar spine, and bilateral shoulders, two to three (2-3) times a week for six (6) weeks, CMP (comprehensive metabolic profile), Ultracet 37.5-325mg (1) by mouth three times a day as needed #90, Voltaren XR 100mg (1) by mouth every day #30, Prilosec 20mg (1) by mouth every day #30, Flexeril 10mg (1) by mouth at bedtime as needed #30, and urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Overturned

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

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

Decision rationale: Per ACOEM, page 178: "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas." Records document neck pain with radiation to the upper extremities. Upper extremity radiation is consistent with ongoing nerve impairment such that MRI is medically necessary.

MRI of lumbar spine: Overturned

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

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

Decision rationale: Per ACOEM, Low Back, page 303: 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging

test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). This patient has low back pain with radiation to the extremities. The exam is consistent with radiculopathy. Nerve impairment warrants evaluation with neck MRI. Therefore this request is medically necessary.

MRI of bilateral shoulders: Overturned

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

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

Decision rationale: Per ACOEM, pages 208 and 209: imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better to further evaluate the possibility of potentially serious pathology, such as a tumor. The patient has ongoing shoulder pain with symptoms for more than one month. Pain may be secondary to a rotator cuff injury. ACOEM supports MRI because the pain is longstanding. Therefore this request is medically necessary

Physical therapy for the cervical spine, lumbar spine, and bilateral shoulders; two to three (2-3) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back, Neck & Upper Back.

Decision rationale: MTUS supports physical therapy for neck, back and shoulder complaints. The patient has received physical therapy in April 2015 with no clear documentation of any functional benefits obtained. MTUS supports continuation of therapy in the home setting, and the records do not confirm that a HEP was executed. There is no indication that the patient cannot continue exercise in a home setting. The request is not medically necessary.

CMP (Comprehensive metabolic panel): Overturned

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

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

Decision rationale: Per ACOEM, page 208: "Laboratory studies, such as liver function tests, tests of gallbladder function, and tests for pelvic disease may be useful to determine if pain is being referred to the shoulder from a subdiaphragmatic source." ACOEM supports laboratory studies to evaluate the source of the patient's shoulder pain. The pain is bilateral and possibly related to a metabolic source. Lab tests are medically necessary.

Ultracet 37.5/325mg (1) by mouth three times a day as needed #90: Upheld

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

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

Decision rationale: Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. Per MTUS page 113: Tramadol (Ultram). Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. ACOEM does not support long-term use of opiates. This patient has been on opiates for several months. Tolerance and hyperalgesia are expected complications. Additional use of Tramadol containing medications is not medically necessary.

Voltaren XR 100mg (1) by mouth four times a day #30: Upheld

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

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

Decision rationale: Per MTUS page 67, NSAIDS: “Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." MTUS does not support long-term use of NSAIDS for back pain. The patient has been on NSAIDS for an extended period of time. Chronic use of NSAIDS is not supported, and the request is not medically necessary.

Prilosec 20mg (1) by mouth four times a day #30: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS (NSAIDs, GI symptoms & cardiovascular risk page 68) regarding the use of proton pump inhibitors (PPI) such as Protonix, for prophylaxis use indicates that the following risk factors should be present, (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). Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the PPI is recommended non-certified. The patient does not have a history of anti-coagulation, previous reaction to NSAIDS or peptic ulcer disease. The patient is not older than 65, is not on steroids and is not on multiple or high dose NSAIDS. The guidelines do not support routine use of PPI's for patients taking NSAIDS. Therefore this request is not medically necessary.

Flexeril 10mg (1) by mouth at bedtime as needed #30: 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): Muscle relaxants (for pain).

Decision rationale: Per MTUS page 63, Muscle relaxants: recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per MTUS page 84: Cyclobenzaprine (Flexeril, Amrix, Fexmid TM, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS does not support chronic use of Flexeril. The patient has been on Flexeril for an extended period of time. MTUS supports only short term use of this medication. The request is not medically necessary.

Urine drug test: Overturned

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

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

Decision rationale: This patient has a diagnosis of chronic pain. The American College of Occupational and Environmental Medicine (ACOEM) in the Occupational Medicine Practice Guidelines on Chronic Pain supports urine drug screens. It is stated on page 156: Recommendation: Urine Drug Screening for Patients Prescribed Opioids for Chronic Pain.

Routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that urine drug screens can identify aberrant opioid use and other substance use that otherwise is not apparent to the treating physician. Indications - All patients on chronic opioids for chronic pain. MTUS Chronic pain, Opioids page 78 recommends: (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control and on page 94 of the MTUS Chronic pain, Opioids: The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: c) Frequent random urine toxicology screens. This patient is on chronic opioids. He has been on opiates for a period of time, and additional narcotics are being requested. His pain is likely to persist. ACOEM supports urine drug screen in this setting. Therefore this request is medically necessary.