MAXIMUS Federal Services

Case Number:	CM15-0196982		
Date Assigned:	10/12/2015	Date of Injury:	02/02/2007
Decision Date:	12/15/2015	UR Denial Date:	09/02/2015
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: California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial-work injury on 2-2-07. A review of the medical records indicates that the injured worker is undergoing treatment for brachial neuritis. Medical records dated (7-15-15 to 8-27-15) indicate that the injured worker complains of worsening, ongoing neck pain, decreased range of motion, difficulty sleeping and difficulty with activities of daily living (ADL). Per the treating physician report dated 8-27-15 the work status is permanent and stationary. The physical exam dated (7-15-15 to 8-27-15) reveals limited range of motion in the neck by 50 percent with flexion and extension, there is positive tenderness to palpation over the trapezius bilateral shoulders with spasms. Treatment to date has included pain medication (Soma, Gabapentin and Tramadol for several years with improvement), physical therapy, Transcutaneous electrical nerve stimulation (TENS), neurosurgeon, trialed Naprosyn and Omeprazole with stomach upset, cervical discectomy 7-11-07 and fusion 6-2-11, diagnostics, ice, heat, home exercise program (HEP) and other modalities. The requested services included Pain management consultation and treatment, Magnetic resonance imaging (MRI) of the cervical spine, Celebrex 200mg, #30, Lyrica 75mg, #60, and Flexeril 10mg, #90. The original Utilization review dated 9-2-15 modified the request for Pain management consultation and treatment modified to a pain management consult. The request for Magnetic resonance imaging (MRI) of the cervical spine, Celebrex 200mg, #30, Lyrica 75mg, #60, and Flexeril 10mg, #90 was non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer 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, 04/27/2007, pg. 56.

Decision rationale: The California MTUS makes no recommendations regarding referral to a pain management specialist. Alternative guidelines have been referenced. The Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, state that referral to a pain specialist should be considered when the pain persists but the underlying tissue pathology is minimal or absent and correlation between the original injury and the severity of impairment is not clear. Consider consultation if suffering and pain behaviors are present and the patient continues to request medication, or when standard treatment measures have not been successful or are not indicated. The original reviewer approved this request. Pain management consultation and treatment is medically necessary.

Magnetic resonance imaging (MRI) 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 rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. Magnetic resonance imaging (MRI) of the cervical spine is not medically necessary.

Celebrex 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Celebrex 200mg, #30 is not medically necessary.

Lyrica 75mg, #60: 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: The MTUS states that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient is not diagnosed with the above indications. In addition, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial upper back pain. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Lyrica 75mg, #60 is not medically necessary.

Flexeril 10mg, #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): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Flexeril 10mg, #90 is not medically necessary.