

Case Number:	CM15-0205339		
Date Assigned:	10/22/2015	Date of Injury:	09/02/2003
Decision Date:	12/24/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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 59 year old female, who sustained an industrial injury on September 2, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical disc disease-cervical stenosis, chronic right C6-7 radiculopathy, post-op right shoulder arthroscopy right shoulder pain-adhesive capsulitis and bilateral carpal tunnel syndrome. Treatment to date has included diagnostic studies, acupuncture and medication. In notes dated December 16, 2014, Tramadol and Zanaflex medications were noted as renewed. In October 2013, a cervical rhizotomy was performed. Pain was reported to go from an 8 on a 1-10 pain scale down to a 4 on the pain scale and she was able to sleep for six hours. On September 22, 2015, the injured worker complained of muscle spasm, stiffness of the neck and decreased range of motion associated with shooting pain to the right shoulder. The injured worker reported being unable to sleep. Her symptoms were noted to be persistent. Physical examination revealed slight swelling of the right trapezius muscle. Cervical range of motion was noted as 10% of expected and limited in all planes, especially with flexion and extension. The treatment plan included a specialist consultation for cervical rhizotomy, 8 additional visits of acupuncture for flaring cervical pain to improve range of motion and daily functioning, 8 visits of physical therapy for cervical stiffness to improve range of motion and daily functioning, renewal of Tramadol, renewal of Zanaflex and renewal of ibuprofen. On September 30, 2015, utilization review denied a request for acupuncture for cervical pain in-house quantity of six, physical therapy for cervical stiffness quantity of six, Tramadol 50mg #90 and Zanaflex 4mg #35.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for cervical pain, in-house, Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper back (acute & chronic)/Acupuncture.

Decision rationale: The request is for acupuncture of the neck. The official disability guidelines state the following regarding this topic: Under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. The beneficial effects of acupuncture for pain may be due to both nonspecific and specific effects. (White, 2004) Acupuncture is superior to conventional massage, dry needling of local myofascial trigger points, and sham laser acupuncture, for improving active range of motion and pain in patients with chronic neck pain, especially in patients with myofascial pain syndrome. (Blossfeldt, 2004) (Konig, 2003) (Irnich, 2002) (Irnich, 2001) There is limited or conflicting evidence from clinical trials that acupuncture is superior to sham or active controls for relief of neck pain. There is moderate evidence that acupuncture is more effective than wait-list control for neck disorders with radicular symptoms. (Trinh, 2007) A recent study concluded that adequate acupuncture treatment may reduce chronic pain in the neck and shoulders and related headache, and the effect lasted for 3 years. (He, 2004) There is little information available from trials to support the use of many physical medicine modalities for mechanical neck pain, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999) (Gross-Cochrane, 2002) (Aker, 1996) (Bigos, 1999) (Gross-Cochrane, 2004) (Birch, 2004) Another recent trial found that acupuncture is more effective than TENS placebo treatment. (Vas, 2006) This passive intervention should be an adjunct to active rehab efforts. For an overview of acupuncture and other conditions in which this modality is recommended see the Pain Chapter. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy). In this case, this treatment modality is not indicated. As clearly stated above, due to poor scientific evidence of efficacy, acupuncture of the neck is not supported. As such, the request is not medically necessary.

Physical therapy for cervical stiffness Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based

on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper back (acute & chronic)/Physical therapy (PT).

Decision rationale: The request is for physical therapy. The official disability guidelines state the following regarding this topic: ODG Physical Therapy Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial". Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks. Displacement of cervical intervertebral disc (ICD9 722.0): Medical treatment: 10 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks. Degeneration of cervical intervertebral disc (ICD9 722.4): 10-12 visits over 8 weeks. See 722.0 for post-surgical visits. Brachia neuritis or radiculitis NOS (ICD9 723.4): 12 visits over 10 weeks. See 722.0 for post-surgical visits Post Laminectomy Syndrome (ICD9 722.8): 10 visits over 6 weeks. Fracture of vertebral column without spinal cord injury (ICD9 805): Medical treatment: 8 visits over 10 weeks. Post-surgical treatment: 34 visits over 16 weeks. Fracture of vertebral column with spinal cord injury (ICD9 806): Medical treatment: 8 visits over 10 weeks. Post-surgical treatment: 48 visits over 18 weeks. Work conditioning (See also Procedure Summary entry): 10 visits over 4 weeks. In this case physical therapy is not guidelines-supported. At this point after injury, active self-directed home PT is advised. Active vs. passive treatment would be of most benefit. As such, the request is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Tramadol (Ultram)/Opioids.

Decision rationale: The request is for the use of the synthetic opioid medication tramadol. The official disability guidelines state the following regarding this topic: Recommended as an option. Tramadol is a centrally acting synthetic opioid analgesic and it provides inferior analgesia compared to a combination of Hydrocodone/ acetaminophen. On-Going Management: Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity

of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (Webster, 2008) (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. (Sullivan, 2006) (Sullivan, 2005) (Wilsey, 2008) (Savage, 2008) (Ballyantyne, 2007) When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In this case, the use of this medication is not guideline-supported. This is secondary to inadequate documentation of functional improvement seen. As such, the request is not medically necessary.

Zanaflex 4mg #35: 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 request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. (Homik, 2004) In this case, the use of a muscle relaxant is not guideline-supported. This is secondary to poor effectiveness for chronic long-term use. As such, the request is not medically necessary.