

Case Number:	CM15-0021257		
Date Assigned:	02/10/2015	Date of Injury:	10/31/2012
Decision Date:	03/26/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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, Indiana, 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 55 year old female, who sustained an industrial injury on October 31, 2012. The diagnoses have included cervical pain, chronic pain syndrome, cervical degenerative disc disease, cervical spondylosis, cervical radiculitis, cervical facet joint syndrome, myalgia, cervical stenosis, and depression. Treatment to date has included home exercise program, home TENS (transcutaneous electrical nerve stimulation) unit, home traction, epidurals, and medications. An MRI of the cervical spine was performed on December 30, 2014. On January 9, 2015, the treating physician noted chronic neck pain with a burning sensation down the left arm. Associated symptoms included increased numbness and tingling down the left arm, and increased weakness and muscle spasms. The injured worker reported with increased pain and difficulty doing things. The pain is better with rest, moist heat, acupuncture, transcutaneous electrical nerve stimulation unit, and medications. The physical exam revealed forward head positioning with rounded shoulder posturing. There was mildly decreased strength of the left upper extremity, decreased sensation of the left cervical 7-8 dermatome, diminished deep tendon reflexes, positive left Spurling's sign, no clonus or increased tone, and negative bilateral Hoffman's sign. There was pain of the cervical paraspinals with palpation with muscle tightness and myofascial restrictions left ISA area, upper trapezius, and postero-lateral. There was tenderness over the C6-7 facet joints and decreased range of motion. Current medications included two analgesics, a muscle relaxant, and a non-steroidal anti-inflammatory. The treatment plan included being given a non-steroidal anti-inflammatory injection, surgical consultation and treatment, and to continue her current medications. On February 3, 2015, the

injured worker submitted an application for IMR for review of requests for Motrin 800mg one (1) q6hrs prn (every 6 hours as needed) #90, Norco 10/325mg one (1) q6-8hrs prn (every 6-8 hours as needed) #90, Ultram ER 200mg one (1) QD (daily)#30, and surgical consultation and treatment of the cervical spine. The Motrin was non-certified based on the guidelines recommendation that this medication be used for the shortest duration possible. The injured worker has been using this medication since March of 2014, and there was no documentation of the rationale for the continued use of this medication. The Norco and Ultram ER were non-certified based on the lack of documentation of current urine drug test and lack of objective evidence of functional benefit obtained from the use of opioids. The surgical consultation and treatment was modified based on any determination regarding specific medical treatment would be appropriately provided based on receipt/review of the consult report and recommendations. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Acupuncture Medical Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg, 1 q6hrs prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800mg one every six hours as needed is not medically necessary. 90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical pain; chronic pain syndrome; degenerative disc disease cervical; depression; cervical spondylosis; cervical radiculitis; cervical facet joint syndrome; myalgia; and cervical stenosis spinal canal. Subjectively, the injured worker complains of significant increase in pain. She states home exercises provide no relief. She is frustrated with physical therapy, aquatic therapy and most of the conservative treatments that have been denied. She states her medications provide 60% pain relief (subjectively). She is feeling more depressed. Objectively, the cervical spine is notable for tenderness palpation over the cervical paraspinal muscle groups and tenderness over the facet joints. The documentation indicates the injured worker was taking Motrin 800 mg as far back as May 28, 2014. The medication has been refilled on a regular basis. The documentation does not contain evidence of objective functional improvement. Moreover the injured worker has been complaining of a significant increase in pain. Consequently, absent clinical documentation with objective functional improvement to gauge long-term Motrin use, Motrin 800 mg one every six hours as needed #90 is not medically necessary.

Norco 10/325mg, 1 q 6-8hrs prn #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List and Adverse Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg one tablet every 6 to 8 hours as needed #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical pain; chronic pain syndrome; degenerative disc disease cervical; depression; cervical spondylosis; cervical radiculitis; cervical facet joint syndrome; myalgia; and cervical stenosis spinal canal. Subjectively, the injured worker complains of significant increase in pain. She states home exercises provide no relief. She is frustrated with physical therapy, aquatic therapy in most of the conservative treatments that have been denied. She states her medications provide 60% pain relief (subjectively). She is feeling more depressed. Objectively, the cervical spine is notable for tenderness palpation over the cervical paraspinal muscle groups and tenderness over the facet joints. The documentation indicates the injured worker was taking Norco 10/325 mg as far back as May 28, 2014. The medication has been refilled on a regular basis. The documentation does not contain evidence of objective functional improvement. Moreover the injured worker has been complaining of a significant increase in pain. Consequently, absent clinical documentation with objective functional improvement to gauge long-term Norco use, Norco 10/325 mg one tablet every 6 to 8 hours as needed #90 is not medically necessary.

Ultram ER 200mg, 1 QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, (Ultram) Tramadol ER 200 mg one tablet every six hours # 30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical pain; chronic pain syndrome; degenerative disc

disease cervical; depression; cervical spondylosis; cervical radiculitis; cervical facet joint syndrome; myalgia; and cervical stenosis spinal canal. Subjectively, the injured worker complains of significant increase in pain. She states home exercises provide no relief. She is frustrated with physical therapy, aquatic therapy in most of the conservative treatments that have been denied. She states her medications provide 60% pain relief (subjectively). She is feeling more depressed. Objectively, the cervical spine is notable for tenderness palpation over the cervical paraspinal muscle groups and tenderness over the facet joints. The documentation indicates the injured worker was taking Tramadol ER 200 mg as far back as May 28, 2014. The medication has been refilled on a regular basis. The documentation does not contain evidence of objective functional improvement. Moreover the injured worker has been complaining of a significant increase in pain. Consequently, absent clinical documentation with objective functional improvement to gauge long-term Tramadol ER 200 mg use, (Ultram) Tramadol ER 200 mg one tablet every six hours # 30 is not medically necessary.

Surgical consultation and treatment of cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Pain section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, surgical consultation and treatment is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are cervical pain; chronic pain syndrome; degenerative disc disease cervical; depression; cervical spondylosis; cervical radiculitis; cervical facet joint syndrome; myalgia; and cervical stenosis spinal canal. Subjectively, the injured worker complains of significant increase in pain. She states home exercises provide no relief. She is frustrated with physical therapy, aquatic therapy in most of the conservative treatments that have been denied. She states her medications provide 60% pain relief (subjectively). She is feeling more depressed. Objectively, the cervical spine is notable for tenderness palpation over the cervical paraspinal muscle groups and tenderness over the facet joints. The injured worker underwent a second cervical magnetic resonance imaging scan on December 30, 2014. The impression was mild diffuse degenerative changes with reversal of the cervical lordosis raising the possibility of muscle spasm. There is apparent moderately severe narrowing of the left C3 - C4 and right C6 - C7 foramina which may be over accentuated due to motion artifact. The note states based on the worsening updated cervical spine MRI results, failure with conservative treatments and existing physical examination, the treating physician feels the injured worker

needs to be evaluated by a spine surgeon. A surgical consultation is medically reasonable based on the injured worker's worsening symptoms, unresponsive to prior physical therapy, unresponsive to medications. However, the treatment portion is not medically reasonable. The orthopedic surgeon should evaluate the injured worker and generate a report for review. Consequently, surgical consultation and treatment is not medically necessary.