

Case Number:	CM15-0030769		
Date Assigned:	02/24/2015	Date of Injury:	06/20/2013
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/18/2015

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: Pennsylvania
 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 35 year old female who sustained an industrial injury on June 20, 2013. She has reported bilateral carpal tunnel syndrome with pain in her shoulders and neck. The diagnoses have included shoulder impingement syndrome, cervical disc displacement, carpal tunnel syndrome, and depression. Treatment to date has included medication, physical therapy, psychiatric care, massage and hot and cold compresses. Current medication include ativan, celexa, naproxen, Tylenol number 3, omeprazole, and soma. Tylenol number 4 has been prescribed for several months, and prior to that the injured worker was treated with norco for at least 6 months. Narpoxen has been prescribed for at least 10 months. Soma has been prescribed for at least 6 months. At a visit on 1/16/15, it was documented that the injured worker complains of persistent cervical pain radiating into the bilateral upper extremities, right greater than left. She reported thoracic pain and upper extremity pain causing her to drop things. She also reported left hand shakiness and muscle spasms. Her pain is typically a 10 on a 1-10 pain scale. She described the pain as throbbing, shooting, aching, tingling, burning and numb. The pain is worsened with walking, sitting and bending. The pain is alleviated by laying down, medication, massage and physical therapy. Her daily activities are 75% limited. She has difficulty with sleeping secondary to pain and reported depression. Examination showed diminished sensation on C5 and C6 dermatomal distributions bilaterally, with myospasm and myofascial trigger points over the cervical paraspinal musculature, pain with palpation along the bicipital groove and rotator cuff, and diminished grip strength in the left hand. MRI of the cervical spine on 6/25/14 showed a large central and left sided disc herniation at C4-5 which is

impinging and displacing the cord posteriorly. Neurodiagnostic studies on 8/4/14 showed chronic denervation of the left C5-6 myotomes and moderate compromise of the right median motor and sensory fibers across the wrist. The injured worker was awaiting surgery for herniated disc at C4-5. Cervical epidural steroid injections at bilateral C5 and C6 to treat cervical pain and cervical radiculopathy symptoms was advised if her surgery is delayed. On January 21, 2015, Utilization Review non-certified 3 months home use of MEDs4 + INF stimulator, one conductive garment to be used with the MEDs4 stimulator, omeprazole 20mg #30, naproxen 500mg #60, one cervical epidural steroid injection, Soma 350mg #30 and Tylenol #4 300/60mg #60, noting the CA MTUS and Official Disability Guidelines. This decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 months home use of Meds4 + INF Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS); Neuromuscular Electrical Stimulation (NMES). Decision based on Non-MTUS Citation Official Disability Guidelines; Proton Pump Inhibitors (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: A Meds4+ INF Stimulator is a combination transcutaneous electrotherapy unit which includes neuromuscular electrical stimulation and interferential current stimulation. Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. Transcutaneous electrical nerve stimulation (TENS) devices are the most commonly used; other devices are distinguished from TENS based on their electrical specifications. Per the MTUS, interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications. There are no standardized protocols for the use of interferential stimulation. If certain criteria are met, a one month trial may be appropriate to permit the physician and physical medicine provider to determine effects and benefits. Criteria include pain which is ineffectively controlled by medications, history of substance abuse, pain from postoperative conditions that limit the ability to perform exercise programs, or lack of response to conservative measures. Neuromuscular stimulation is not recommended outside of the post-stroke rehabilitative context and there is no evidence to support its use in chronic pain. There is no documentation that an exercise program is in place, and the injured worker remains off work. The 3 month duration of use is in excess of the guidelines of a one month trial recommended by the guidelines if additional criteria are met. Neuromuscular stimulation is not recommended outside of the post-stroke rehabilitative context and there is no evidence to support its use in chronic pain. There is no documentation of diagnosis of stroke for this injured worker and the request is associated with treatment of chronic pain. Due to the lack of documentation of return to work and current exercise program and a duration of use in excess of the guidelines for interferential stimulation, and guideline

recommendation against neuromuscular stimulation outside the post-stroke context, the request for 3 months home use of Meds4 + INF Stimulator is not medically necessary.

1 Conductive garment to used with the Meds4 Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation and Neuromuscular Electrical Stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines; Proton Pump Inhibitors (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: As the request for the Meds4 + INF stimulator is not medically necessary, the associated conductive garment to be used with the unit is not medically necessary. In addition, the MTUS states that a "jacket" should not be certified until after a one-month trial period of the electrical stimulation unit and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. For these reasons, the request for 1 Conductive garment to used with the Meds4 Stimulator is not medically necessary.

30 omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): p. 68-69.

Decision rationale: The injured worker has been prescribed the NSAID naproxen and the proton pump inhibitor omeprazole. The MTUS states that co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. There was no documentation of the risk factors described for this injured worker. No GI signs and symptoms were discussed, and no abdominal examination was documented. Due to lack of indication, the request for omeprazole is not medically necessary.

60 Naproxen 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): p. 67-73.

Decision rationale: Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The injured worker has been prescribed naproxen for months without documentation of functional improvement. Work status remains off work, activities of daily living were not documented to be improved, medications were not reduced, and office visits have continued at the same frequency. Due to duration of use in excess of the guidelines, lack of functional improvement and potential for toxicity, the request for naproxen is not medically necessary.

1 Cervical ESI (epidural steroid injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervical Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): p.46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. The side and level for this injection were not specified. The documentation suggests that a bilateral C5 and C6 epidural steroid injection was advised. The MRI findings, electrodiagnostics, and physical examination suggest predominantly left sided findings; as such a bilateral epidural steroid injection would not be indicated. Due to lack of a sufficiently specific request, the request for 1 Cervical ESI (epidural steroid injection) is not medically necessary.

30 Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): p. 63-66.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for at least 6 months and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. Due to the length of use not consistent with the guidelines, the request for soma is not medically necessary.

60 Tylenol #4 300/60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine; Acetaminophen (APAP) treatment of chronic pain & acute exacerbation of chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: Tylenol number 4 has been prescribed for months, and prior to that, norco was prescribed for many months. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains off work, activities of daily living were not documented to be improved, medications were not reduced, and office visits have continued at the same frequency. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tylenol number 4

does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.