

Case Number:	CM15-0052583		
Date Assigned:	03/26/2015	Date of Injury:	01/01/2014
Decision Date:	05/12/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/19/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old female who reported an injury on 09/29/2014. The mechanism of injury involved repetitive activity. The current diagnoses include cervical myoligamentous sprain with cervical discogenic disease, cervical facet arthropathy, occipital neuralgia, thoracic myoligamentous sprain, lumbar myoligamentous sprain with discogenic disease and spondylolisthesis, impingement syndrome in the bilateral shoulders, bilateral AC arthrosis, partial intrasubstance supraspinatus tear on the left, and a history of fibromyalgia. The injured worker presented on 02/04/2015 with complaints of neck pain, bilateral shoulder pain, right wrist and elbow pain, insomnia, stress, and anxiety. The injured worker reported an adverse reaction with OxyContin to include a rash, swelling, and flushing. The injured worker reported an improvement in symptoms with a combination of oxycodone 10 mg, Topamax, Cymbalta, and ibuprofen. Imitrex was controlling migraine headaches and nortriptyline was working for insomnia. The injured worker noted she was seen by an orthopedic physician who provided an injection of the right shoulder, which provided mild relief of symptoms. Upon examination, there was guarding throughout the cervical spine, paravertebral muscle tension and spasm, tenderness extending from the occipital region into the interscapular region, tenderness at the greater and lesser occipital nerve bilaterally, tenderness over C5-7 facets and interspaces, 40 degrees flexion, 35 degrees extension, 10 degrees to 15 degrees lateral bending, and 45 degrees to 50 degrees right and left rotation. Spurling's maneuver caused trapezial pain. Sensation and motor function were intact and deep tendon reflexes were symmetrical. There was diffuse tenderness across the thoracic and lumbar area with multiple trigger points in the trapezial and

interscapular region. There was also tenderness over the bilateral shoulders and AC joints with positive impingement sign on the right. Recommendations included continuation of the current medication regimen, as well as cervical facet blocks. A urine toxicology screening was performed in the office. A Request for Authorization form was then submitted on 02/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since 11/2014. There is no documentation of objective functional improvement. The injured worker continues to report persistent pain over multiple areas of the body, as well as insomnia, stress, and anxiety secondary to chronic pain. There is no change in the injured worker's physical examination. The request as submitted also failed to indicate a specific frequency. As such, the request is not medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbation of chronic pain. NSAIDs are recommended as a second line option after acetaminophen. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 11/2014. Guidelines do not support long term use of NSAIDs. There is also no documentation of objective functional improvement. In addition, the request as submitted failed to indicate a specific frequency. As such, the request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.

Diagnostic differential facet block at the level of the medial branches at C2-C3 and C3-C4 bilaterally under C-arm fluroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic block.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines state facet joint diagnostic blocks are recommended when there is a clinical presentation consistent with facet joint pain, signs, and symptoms. There should also be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. In this case, the provider does note facet joint pain upon examination. However, there was no documentation of a recent attempt at conservative treatment for at least 4 to 6 weeks including home exercise and physical therapy. While the provider noted cervical pain and tenderness at C5-7, there is insufficient evidence of objective findings at C2-3 and C3-4 bilaterally. Given the above, the request is not medically necessary at this time.