

Case Number:	CM15-0053941		
Date Assigned:	03/27/2015	Date of Injury:	09/08/2010
Decision Date:	05/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/21/2015

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, Public Health & General Preventive 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 54-year-old female who reported injury on 09/08/2010. The mechanism of injury was not provided. The injured worker was noted to be status post artificial disc replacement at C5-6 on 03/05/2014. There was a Request for Authorization submitted for review dated 01/06/2015. The documentation of 01/06/2015 revealed the injured worker had neck complaints. The injured worker indicated she was feeling better since surgery; however, she had persistent pain. The injured worker's medications included Norco, which decreased pain moderately and improved sleep; Flexeril, which decreased pain and improved sleep; Elavil, which reduced radicular symptoms and improved sleep; and tramadol, and the injured worker could not remember if it had helped. The injured worker was noted to currently be taking Tylenol No. 3 taken 4 times per day, Flexeril 7.5 mg once per day, and Elavil 25 mg at night. The injured worker indicated the medications decreased pain and improved her activities of daily living and chores such as making her bed and doing laundry. The injured worker denied side effects except for GI pain with Tylenol No. 3. The injured worker had not trialed gabapentin. The injured worker complained of neck pain and tingling in the right upper extremity down to the fingertips. The injured worker complained of low back pain with burning and a cold pain in her feet. The objective findings revealed the injured worker had a normal gait. The physical examination revealed tenderness to palpation at the bilateral paraspinals and midline cervical spine. Range of motion was decreased in all planes. Sensation was intact. The injured worker was noted to have an EMG of the bilateral extremities on 08/21/2014 which revealed a normal

EMG. The diagnoses included status post ADR C5-6 on 03/05/2014, PTSD per the injured worker, status post dog bite right upper extremity and left lower extremity, and bilateral shoulder and left thigh complaints. The treatment plan included a continuation of weaning the opiate medications. The injured worker was to discontinue Tylenol No. 3 secondary to GI pain. The injured worker was prescribed a trial of Ultracet 37.5/325 mg #120 to be used a maximum of 4 per day and Flexeril 7.5 mg #30 to be used once a day. The injured worker was to get 2 refills of the medication in no early than 1 month. A request additionally was made for physical therapy 2 times a week for 4 weeks for the cervical spine. A request was made for an MRI of the thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary, Indications for magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide documentation that the injured worker would consider surgical intervention. There was a lack of documentation indicating the injured worker had specific treatment directed to the lumbar spine and the duration of treatment was not provided. Given the above, the request for MRI lumbar spine is not medically necessary.

MRI thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 172; 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide documentation that the injured worker would consider surgical intervention. There was a lack of documentation indicating the injured worker had specific

treatment directed to the thoracic spine and the duration of treatment was not provided. Given the above, the request for MRI thoracic spine is not medically necessary.

Cyclobenzaprine 7.5mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary, Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5mg #30 with 2 refills is not medically necessary.

Tramadol/APAP 37.5/325mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation that the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of an objective decrease in pain. The injured worker denied side effects. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol/APAP 37.5/325mg #30 with 2 refills is not medically necessary.

Tramadol/APAP 37.5/325mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation that the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of an objective decrease in pain. The injured worker denied side effects. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol/APAP 37.5/325mg #90 with 2 refills is not medically necessary.

Physical Therapy 8 sessions (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for injured workers who have documented objective functional deficits. It is recommended for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide documentation of objective functional deficits. There was a lack of documentation indicating the injured worker had received benefit from the prior physical medicine treatment. The request as submitted failed to indicate the body part to be treated with physical medicine. Given the above, the request for physical therapy 8 sessions (2x4) is not medically necessary.