

<b>Case Number:</b>	CM15-0065102		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	07/19/2011
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 sustained an industrial injury on July 19, 2011, incurring upper back, shoulder, and upper extremity injuries. Cervical Magnetic Resonance Imaging revealed degenerative changes and disc protrusion with impingement of the cord and cervical stenosis. She was diagnosed with cervical disc displacement, lumbar disc protrusion, left sacroiliitis and left shoulder adhesive capsulitis. Treatment included anti-inflammatory drugs, pain medications, activity modifications, and epidural steroid injections. Currently, the injured worker complained of increased pain in her neck, shoulder, elbow hand and back. The back pain radiates down into both legs to the knees and ankles and from the neck into the shoulder down into the hand. She rated her pain 10 out of 10 on a pain scale. It was aggravated by physical activities, sitting, standing, walking and climbing stairs. She noted difficulty sleeping secondary to increased chronic pain. The patient was recently noted to have sustained a fall approximately three weeks prior to the last documentation, which was on 07-09-2015. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the left shoulder, Magnetic Resonance Imaging of the cervical spine and prescriptions for Xanax, Oxycodone HCL and Oxycontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI of the Left Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Magnetic resonance imaging (MRI).

**Decision rationale:** According to MTUS guidelines, ACOEM recommends that special studies are not necessary to evaluate most shoulder complaints until after conservative care and observation has occurred. ACOEM states primary criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or clarification of anatomy prior to invasive procedure. ODG details indications for MRI as acute trauma if suspected rotator tear/impingement in over age 40 with normal radiographs; subacute shoulder pain suspecting labral tear/instability. Repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms or pathology. The medical documentation indicates chronic shoulder pain that has worsened after a recent fall and some abnormal physical findings. However, there is no evidence of "red flag" symptoms or the other indications listed above, there appears to be no evidence of suspected tear, and no recent radiographs are available. A period of failed conservative care is also not clearly documented as the patient is still taking multiple pain medications. There is no discussion or rationale for the MRI request in the medical documentation provided. Therefore, the request for MRI of the left shoulder is not medically necessary at this time.

### **MRI of the Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Magnetic resonance imaging (MRI).

**Decision rationale:** According to MTUS guidelines, ACOEM recommends imaging studies for the following issues: 1) emergence of a red flag, 2) physiologic evidence of tissue insult or neurologic dysfunction, 3) failure to progress in a strengthening program intended to avoid surgery, and 4) clarification of the anatomy prior to an invasive procedure. Guidelines do not recommend special studies until a 3-4 week period of conservative care fails to improve symptoms. ODG does not recommend imaging except in specific circumstances. Indications for cervical MRI imaging include 1) neurologic signs or symptoms present, 2) neck pain with radiculopathy and severe or progressive neurologic deficit, 3) abnormal radiographs for spondylosis, 4) old trauma, bone or disc margin destruction, 4) suspected cervical spine trauma with clinical findings suggesting ligamentous injury, or 5) known cervical spine trauma. The medical documentation indicates chronic cervical and neck shoulder pain that

has potentially worsened after a recent fall and some abnormal physical findings. However, there is no evidence of "red flag" symptoms or the other indications listed above, and no recent radiographs are available. The mechanism or details of the fall are not documented. A period of failed conservative care is also not clearly documented as the patient is still taking multiple pain medications. There is no discussion or rationale for the MRI request in the medical documentation provided. Therefore, the request for MRI of the cervical spine is not medically necessary at this time.

**Xanax 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Benzodiazepines.

**Decision rationale:** Xanax is the brand name for alprazolam, which is a benzodiazepine class medication. According to the MTUS guidelines, benzodiazepines are not recommended for long-term use for chronic pain because the long-term efficacy is unproven and there is a risk of dependence. Guidelines recommend limiting use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions and tolerance occurs within weeks. ODG has similar recommendations for benzodiazepine use. The treating physician does not provide adequate justification for use of benzodiazepines. The patient appears to have been on the medication for an extended period of time, and has continued through the recent fall at similar dosing. There is no documented improvement in pain or functional status from the medication, and the past and current records indicate the patient is still experiencing severe pain while on the medication. The documentation does not provide any extenuating circumstances for continuing the chronic use of benzodiazepines, or an alternative indication for use. Therefore, the request for Xanax 1 mg #60 is not medically necessary.

**Oxycodone HCL 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 74-96, 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Opioids.

**Decision rationale:** Oxycodone is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length, and has continued through the recent fall at similar dosing. There is no evidence of failure of first-line therapy or an indicated diagnosis. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific functional improvement while on this medication. The documentation indicates that the patient continues to have severe pain and decreased functional status, and the patient is on other multiple other pain medications. Therefore, the request for Oxycodone HCL 30 mg #90 is not medically necessary.

**Oxycontin 80mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 74-96, 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Opioids.

**Decision rationale:** Oxycontin is a long-last version of oxycodone, an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length, and has continued through the recent fall at similar dosing. There is no evidence of failure of first-line therapy or an indicated diagnosis. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific functional improvement while on this medication. The documentation indicates that the patient continues to have severe pain and decreased functional status, and the patient is on other multiple other pain medications. Therefore, the request for Oxycontin 80 mg #60 is not medically necessary.