

Case Number:	CM15-0065492		
Date Assigned:	04/13/2015	Date of Injury:	05/16/1997
Decision Date:	07/01/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	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: Texas, New York, California

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 applicant is a represented 59-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 16, 1997. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve requests for a CT scan of the cervical spine, twelve sessions of acupuncture, Ondansetron (Zofran), and Ativan. A partial approval of Ativan was apparently issued for weaning or tapering purposes. Six sessions of acupuncture were likewise partially approved. The applicant's attorney subsequently appealed. In a January 15, 2015 progress note, the applicant reported ongoing complaints of neck pain radiating to the right arm. The applicant was on Colace, Coreg, Cymbalta, famciclovir, Flexeril, Kadian, potassium, Lidoderm, Lipitor, Ativan, Medrol, Zofran, Percocet, and Plavix, it was reported. The GI review of systems was apparently positive for nausea of unspecified origin, it was suggested. The applicant had undergone earlier failed cervical spine surgery, it was reported. An earlier CT scan of the cervical spine of April 11, 2013 suggested that there was a lack of complete fusion along with hardware loosening. It was suggested that the applicant was a candidate for further cervical spine surgery. The note, however, was very difficult to follow and mingled historical issues with current issues. Multiple medications were renewed, including Colace, Cymbalta, Flexeril, Kadian, Lidoderm patches, Ativan, Zofran, and Percocet. It was suggested that the applicant was using Ativan at a rate of twice a day, although it was not clearly stated for what diagnosis Ativan was being employed. The attending provider stated that the applicant had reported a 90% reduction in pain scores with ongoing medication consumption but did not elaborate further. On February 13, 2015, multiple medications were renewed as were the applicant's permanent work restrictions. Speech therapy, voice therapy, and acupuncture were sought. Nausea was again reported in the GI review of systems, while the applicant's psychiatric review of systems was

reportedly negative. On March 13, 2015, permanent work restrictions, acupuncture, speech therapy, and multiple medications were renewed, including Percocet, Zofran, Ativan, Lidoderm patches, Kadian, Flexeril, Cymbalta, and Colace. Once again, the applicant's work status was not detailed, although it did not appear that the applicant was working. The attending provider again stated that the applicant's medications were attenuating the applicant's pain complaints by 90% but did not elaborate further. On April 8, 2015, a CT scan, speech therapy, otolaryngology follow-up, and multiple medications were renewed. It was stated that the CT scan was needed so that the applicant could follow up with her spine surgeon to consider hardware removal on the grounds that the applicant had had an unfavorable outcome following the earlier spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CT (computed tomography) of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Computed tomography (CT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Yes, the request for a CT scan of the cervical spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI or CT imaging is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, however, the applicant was apparently considering further cervical spine surgery and/or a hardware removal procedure following earlier failed spine surgery, it was stated on April 8, 2015. The applicant apparently had evidence of a failed fusion surgery, it was suggested above, with evidence of earlier pseudoarthrosis and/or hardware loosening. Obtaining CT imaging of the cervical spine as a precursor to pursuit of further cervical spine surgery was, thus, indicated. Therefore, the request was medically necessary.

12 Acupuncture sessions to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Conversely, the request for 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The attending provider framed the request as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20e. In this case, however, there was no such demonstration of functional improvement as defined in Section 9792.20e, despite receipt of earlier unspecified amounts of acupuncture. Permanent work restrictions were renewed, unchanged, from visit to visit. The applicant did not appear to be

working with said limitations in place. The applicant remained dependent on opioid agents such as Percocet and Kadian and was, furthermore, in the process of consulting a cervical spine surgeon to consider further spine surgery. All of the foregoing, taken together, suggested a lack of functional improvement as defined in Section 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.

Ondansetron 8mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antiemetics (for opioid nausea); Ondansetron (Zofran).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

Decision rationale: Similarly, the request for Ondansetron (Zofran) was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. While the Food and Drug Administration (FDA) notes that ondansetron or Zofran is indicated in the treatment of nausea and/or vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery, here, however, there was no mention of the applicant's having had any recent cancer chemotherapy, radiation therapy, and/or surgery. The applicant was several years removed from the date of earlier cervical spine surgery as of the date in question. It appeared, thus, that the applicant was using Zofran to combat issues with opioid-induced nausea. Such usage, however, amounts to a non-FDA-approved role for Zofran (ondansetron). The attending provider failed to furnish a compelling rationale to support such usage. Therefore, the request was not medically necessary.

Lorazepam 1mg #60 with 3 refills: Upheld

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

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

Decision rationale: Finally, the request for lorazepam (Ativan) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Ativan (lorazepam) are not recommended for long-term use purposes as long-term efficacy is unproven and there is a risk of dependence, with most guidelines limiting such usage to four weeks, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. Here, the attending provider, it is further noted, failed to outline for what purpose and/or diagnosis Ativan (lorazepam) had been employed. Continued usage of the same, however, in effect, amounted to treatment in excess of the four-week cap on benzodiazepine usage set forth on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.