

Case Number:	CM14-0110451		
Date Assigned:	08/11/2014	Date of Injury:	12/07/2007
Decision Date:	10/03/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58 year old male who sustained an industrial injury on 12/07/2007. He underwent right knee arthroscopy in May 2012. There is mention of remote history of C6-7 fusion; however the date of surgery is not clear. The patient presented for an orthopedic re-evaluation on 5/27/2014. He is currently working and performing full duties with his pre-injury employer. He had last been seen on 1/14/2013, when he complained of postoperative right knee pain, and an MR arthrogram was recommended. He now presents due to increased pain and discomfort in the cervical spine and right upper extremity. He requests Vicodin for pain. He reports he has been treating with OTC Advil or Tylenol. Cervical and right shoulder pain is rated 5/10, with numbness and tingling in the right shoulder and arm. He also complains of intermittent left shoulder and low back pain rated 3/10, as well dull aches in the right knee/leg with slight popping and clicking sensation. He denies numbness or tingling in the right leg or knee. X-rays of the cervical spine taken 5/5/2014 show narrowing between C5 and C6, large spur of the antero-inferior C2-3; Flexion views show anterior subluxation of C2 on C3 by 1mm; extension views do not show any subluxation. Objective findings are listed as previously reviewed cervical MRI, and 5/5/2014 x-rays of the lumbar and cervical spines. Twelve diagnoses are listed. He reportedly last underwent a cervical MRI in 2008 and subsequently underwent C6-7 fusion. According to the 2/25/2013 orthopedic re-evaluation, the patient complained of 5/10 neck, thoracic and lumbar pain, 7/10 bilateral shoulder pain, and 7-8/10 right knee pain. There is mention of C6-7 fusion in February 1990.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI

Decision rationale: The guidelines state the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. However, the medical records do not establish progressive neurological deficit, there is no evidence of an emergence of a red flag, and the patient is not pending invasive procedure. In addition, the medical reports indicate this patient has already undergone an MRI of the cervical. The Official Disability Guidelines states repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation), which has not been revealed in this case. The medical necessity of cervical MRI has not been established in accordance with the evidence-based guidelines.

Motrin 800mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonprescription medications, Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammat.

Decision rationale: The guidelines recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. The patient reports taking OTC Advil or Tylenol for pain. Non-prescription medications, such as Acetaminophen or NSAIDs are recommended by the guidelines. This patient is already taking recommended medication, which would be efficacious in treatment of his 3-5/10 level pain. There are no objective examination findings provided in the 5/27/2014 report. It is not established that prescription strength NSAIDs are medically necessary. According to the literature, a study found that in patients with axial low back pain NSAIDs were not more effective than Acetaminophen for acute low-back pain, and that Acetaminophen had fewer side effects. The medical necessity for Motrin 800 mg has not been established.

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to the California MTUS guidelines, Norco is indicated for moderate to moderately severe pain. Norco "opioid short acting" in chronic pain is recommended for short-term pain relief, the long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opioids for non-malignant pain is not generally recommended. In the case of this patient, he presents with complaints of 3-5/10, which is mild to moderate pain levels. There are no documented objective examination findings that indicate opioid is warranted. It would seem that the patient's pain can be adequately alleviated with OTC NSAIDs. In accordance with the guidelines, the medical necessity for initiating opioid therapy with Norco has not been established.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Opioids, indicators for addiction Page(s): 43; 87-91.

Decision rationale: According to the California MTUS guidelines, Urine toxicology screening should be considered for patients maintained on an opioid medication regimen when issues regarding dependence, abuse, or misuse are present. In this patient's case, the treating physician has not documented any aberrant or suspicious drug seeking behavior. Furthermore, the request for Norco has not been deemed medically necessary, and so there is no need for UDS since opioid therapy is not recommended for this patient.

X-Force TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

Decision rationale: According to the California MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the following conditions: Neuropathic pain, Phantom limb pain and CRPS II, spasticity, and multiple sclerosis. The medical records do not demonstrate the patient has any of these conditions. Furthermore, the medical records do not establish this patient has failed standard interventions. In accordance with the guidelines, the medical necessity for TENS unit has not been established.