

<b>Case Number:</b>	CM14-0119143		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	09/01/2005
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

A 64 year old female, front/back office assistant at a medical office, was injured at work on 18 Jul 1990 which caused neck pain with radiation into shoulders and wrist pain. She was diagnosed with Cervical Facet Syndrome, Cervical Radiculopathy and Carpal Tunnel Syndrome. Later she was diagnosed with depression secondary to her chronic injuries. Her records also show she presently has co-morbid conditions of lower back pain radiating into her hips causing numbness in her legs, and an antalgic gait and she has knee pain [NOTE: there is no indication in the records reviewed that these are part of or due to her workman's compensation injuries]. Her pain is self-rated as 6/10. Her most recent exam showed right shoulder tenderness in the acromioclavicular joint and biceps groove with associated limited range of motion due to pain (flex 90 degrees, abduct 90 degrees) and positive Neer test, Speed's test, Lift-off test and Hawkin's test. Her left shoulder showed tenderness in the acromioclavicular joint, biceps groove, and trapezius muscle with associated limited range of motion due to pain (flex 90 degrees, extend 10 degrees, abduct 100 degrees and adduct 20 degrees). She looked anxious, depressed, minimally ill appearing and tearful. There are no recent radiologic studies for review. Documented treatments included physical therapy (not helpful - she stopped after the first session because it aggravated her back pain), Paxil (helpful - started by her psychiatrist but she was discharge from his care without additional prescriptions for this medication), opiates (helpful but she is intolerant to their side effects except for Tramadol) and NSAIDS (which caused heartburn/GERD).

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 Physical therapy visits for shoulders, back, cervical spine and knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 48-9, 181-2, Chronic Pain Treatment Guidelines (CPMTG) Part 1 and Part 2 Page(s): 1-3, 6, 8, 98-9.

**Decision rationale:** Physical therapy can be active or passive. Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the PT office and at home is more likely to result in a return to functional activities. However, even with goal directed physical therapy the resultant benefit, even if initiated after surgery, should be apparent by the 24 sessions recommended in the MTUS. This patient has been to physical therapy in the past with no documented improvement in function and with poor patient compliance. Further use of the same modality doesn't make sense.

**One TENS unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 48, 300, Chronic Pain Treatment Guidelines CPMTG) Part 2, Page(s): 114-6.

**Decision rationale:** According to ACOEM guidelines there is not enough science-based evidence to support using transcutaneous electrical nerve stimulation (TENS) in the treatment of neck or upper back pain. Additionally, there is a lot of conflicting evidence for use of many physical modalities when treating low back pain making it difficult to understand if TENS therapy is actually helping a patient or not. Many sources, including the CPMTG, recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. Documentation of functional improvement is key for continued use. For this patient, other modalities have been used with documented no or only partial success (physical therapy, medications and rest) in lessening the pain. However, there is no documented improvement in the patient's activities of daily living or a reduction in work restrictions. At this point in the care of this patient a one month trial of TENS does make sense to see if more functional return of activity can be achieved.

**Trigger point injections to the right iliolumbar and right gluteal:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309-10, Chronic Pain Treatment Guidelines Part 2, Page(s): 122.

**Decision rationale:** Trigger points are focal areas of muscular tenderness associated with a twitch in response to stimulus and which reproduce the patient's complaints. Trigger point injections are injections of medications into these areas. This is usually performed using anesthetics although steroids, saline, glucose and other agents may also be used (but are not recommended by the MTUS). Unfortunately, injections usually have limited lasting value and there is good evidence that they should not be used for typical back pain or neck pain. As per MTUS criteria, use of this treatment modality should be considered when the pain has lasted over 3 months duration, there are documented trigger points on exam as evidenced by palpation that triggers local pain, referred pain and a twitch response, and other therapies have failed to control the pain. Since this therapy is not effective for radicular pain it is important that there is no documented radiculopathy. For this patient, since there is no documented evidence of true trigger points and since her underlying diagnosis is cervical radiculopathy, trigger point injections would not be helpful.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-203, 207-9, 214. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology, Appropriateness Criteria for Imaging Acute Shoulder Pain, Revised 2010

**Decision rationale:** Magnetic Resonance Imaging (MRI) is a procedure performed in radiology to assess the body by clarifying the anatomy of the region tested. It can identify acute injuries (eg fractures, dislocations, and infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. ACOEM guidelines as well as the guidelines published by the American College of Radiology suggest using this procedure to evaluate the shoulder when plain films of the shoulder are negative, symptoms suggest a surgically correctible condition and/or the patient has failed rehabilitation efforts. Review of the available medical records on this individual reveals signs and symptoms of tendonitis (a non-surgical condition), no shoulder x-ray and inadequate attempts at rehabilitation. In fact, the treating providers states the request for MRI is not to distinguish the anatomy prior to surgery but rather to understand if her symptoms are cervical in origin or due to shoulder pathology. As noted above the MRI procedure cannot identify functionality only anatomical conditions. Exam has already shown the shoulder symptoms to be from tendon inflammation (positive Neers, Hawkin's, Speed's and Lift-off tests) so the provider knows the anatomic conditions the MRI will describe. This test is not indicated at this time.

**MRI of the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 8 Neck and Upper Back Complaints Page(s): 3, 169-72, 182;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)> Other Medical Treatment Guideline or Medical Evidence: American College of Radiology, Appropriateness Criteria for Imaging Chronic Neck Pain, Revised 2013

**Decision rationale:** As already noted in the above question (4c) MRI is a procedure performed in radiology to assess the body by clarifying the anatomy of the region tested. It can identify acute injuries (eg fractures, dislocations, and infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. It does not show function, only anatomy. However, the ACOEM guidelines does note that in older people with neck and shoulder pain degenerative changes in the neck can lead to spinal stenosis, a condition which can be imaged using MRI. If this condition is present it could account for the diffuse shoulder tendonitis the patient is experiencing as spinal stenosis can cause shoulder girdle weakness which could lead to tendonitis. Usually evaluation of the condition is first done by plain x-rays. But even if the plain x-rays were completely normal, radicular symptomatology such as this patient displays would suggest an anatomical problem associated with neck pathology. The American College of Radiology guidelines for imaging patients with chronic neck pain also describes neck MRI imaging in this patient's situation to be an appropriate test.

**Paxil 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Page(s): 13-16, 107. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice guidelines for chronic pain management. By the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine, 2010 Apr;112(4):810-33. <http://www.guideline.gov/content.aspx?id=23845#top>,

**Decision rationale:** Research data at present shows antidepressants can be helpful in reducing pain and controlling depressive symptoms in patients with chronic pain, especially if the pain is of a radicular nature. This evidence points to tricyclic antidepressant medications as the first line therapy, followed by Serotonin-Norepinephrine Reuptake Inhibitors (SNRI) then possibly Selective Serotonin Reuptake Inhibitors (SSRI) although this later class of antidepressant medications should be considered specifically for patients with diabetic neuropathy. Paxil (paroxetine) is a SSRI. It is used primarily to treat depression, obsessive-compulsive disorders and anxiety. For this patient, as noted in the records available for review, it was effective in

treating this patient's depressive symptoms. However, it is important to note there is no comment on how it affected the chronic pain, which the records describe as the actual cause of the depressive symptoms. Additionally, there is no mention in the records of therapeutic trial of either tricyclic antidepressants or SNRIs. The scientific data suggests this should be considered before use of a SSRI.

**Tramadol ER 150mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-7, Chronic Pain Treatment Guidelines Part 2, Page(s): 60-1, 74-96, 118, 127, 147, 157.

**Decision rationale:** Tramadol is a narcotic pain reliever with mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction. The patient's medical records showed use of Tramadol in the past with good results but she is not presently taking this medication. Another period of short term use of this medication would, theoretically, decrease her pain and increase her activity level, which would help in her recovery from her injuries. However, the provider should be cautious in using this medicine if a SSRI medication is also prescribed and should follow the MTUS guidelines for managing chronic opioid therapy.