

Case Number:	CM14-0151307		
Date Assigned:	09/19/2014	Date of Injury:	05/03/2007
Decision Date:	11/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/10/2014

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 Neurosurgery and is licensed to practice in Georgia. 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 injured worker is a 40-year-old female who reported an injury on 05/03/2007. The injured worker was an RN case manager with job duties including prolonged sitting and prolonged static positions. The injured worker had a nonunion and had collapsing bones of her neck and getting numb in her arms and falling down. She may have evolving spinal cord compression, at risk for becoming paralyzed. The injured worker's treatment history included MRI of the cervical spine, medications, and cervical CT studies. The injured worker had an unofficial MRI of the cervical spine on 12/30/2010 that showed progression of C4-5 facet arthropathy in bilateral foraminal narrowing and a 4 mm osteophyte at C6-7 with severe narrowing of the left neural foramen and moderate narrowing of the right foramen and C6-7 moderate to severe central canal stenosis that may correlate with the weakness that she was having in both upper extremities and wilting with mild to moderate activities. The injured worker was evaluated on 08/18/2014 and it was documented that the injured worker was present for a follow-up on her spraining injury to her neck and back with post cervical lumbar fusion, possible nonunion, giving some of her progressive upper back and neck pain. She had been stable on her medications although significantly weak with pain rating 3/10 to 8/10. With the opiates, she does get decent analgesia. She can get up and get dressed, handle activities of daily living and function. No evidence of abuse or diversion. She controls bowel functions and avoids constipation with multiple medications. She gets worse with sitting to long, lying too long, improves with rest, medications, therapy and overall she can handle on the order of 8 pounds. She can do some cleaning at a careful pace and she can handle some shopping. The provider noted that the injured worker noted low back pain, right lower extremity weakness, and also right hand numbness and tingling, more than left. Physical examination of the cervical revealed rotation bilaterally was 30 degrees, grip was diminished bilaterally, thumb to index finger, thumb to little finger pinch breakthrough was

with light testing. Elbow flexion and extension are diminished bilaterally. Well healed vertical lumbar midline scar and guards forward flexion to touch her distal thigh. Extension was 10 degrees increased by back pain and she avoids it. She had an anterior vertical left abdominal scar from the anterior approach for the lumbar fusion that was somewhat tender, and it was spread about an inch. It was not grossly red, there was no gross drainage. On 09/2014, the provider noted the request including psychological consult, she had chronic pain, she was depressed, massage therapy for back quantity 6, she had had both self-produced an occasional authorized massage in more distant past that helped reduce her pain level to approximately 8/10 to 9/10 down to 4/10 to 6/10 and more importantly or as importantly, it helped improved her function, her ability to stand, walk, reduce her fall risks from her weak legs, reduce her medications, especially the muscle relaxants as well as the opiates. It was noted, if they would have been able to continue with massage therapy, the injured worker would have gained function and reduced her medication use. She had signed a pain contract. Urine drug screens are in the electronic health record, and she had no evidence of abuse or diversion or adverse reactions. She was careful with her bowel functions to make sure that she had regular bowel movements and avoid constipation. Acupuncture had also been substantially helpful in the past, reducing pain and spasm, which in turn reduced her opioid use. With that noted, the provider was noted to have continued multiple medication, and also the reports are extensive that the provider was concerned about nonunion and this had been extensively discussed in extensive reports that are available to the insurance carrier, consequently utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgery Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163

Decision rationale: The requested is not medically necessary. American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. On rationale on 08/18/2014, the provider noted the injured worker was authorized for a neurosurgery consult. However, the outcome measurements from previously authorized neurosurgery consult was not submitted for this review. With lack of medical evidence from previously authorized neurosurgery consult to determine medical stability, there is no need for a second neurosurgery consult. As such, the request for neurosurgery consult is not medically necessary.

Psychology Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The request for referral to psychology consult is not medically necessary. The California MTUS/ACOEM states specialty referral may be necessary when injured workers have significant psychopathology or serious medical comorbidities. Segmental illnesses are chronic conditions, so establishing a good working relationship with an injured worker may facilitate a referral or the return to work process. It is recognized that primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist while common psychiatric conditions, such as mild depression, should be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner can use his or her best professional judgment in determining the type of specialist. Injured workers with more serious conditions may need a referral to a psychiatrist for medical therapy. The documentation submitted on 08/18/2014, the provider noted the injured worker was previously authorized a psychology consult; however, the provider failed to include outcome measurements of previously authorized psychology consults. Although, the injured worker is depressed, the lack of documentation of submitted previously authorized psychology consult, determination of medical stability, might be assessed. As such, the request for psychology consult is not medically necessary.

Bilateral upper extremity EMG/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Neck and Upper Back Procedure Summary; Low Back Procedure Summary

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 & Upper Back, Nerve Conduction Studies (NCS)

Decision rationale: The request for bilateral electromyography upper extremities EMG/NCV is not medically necessary. ACOEM state electromyography is recommended in cases of peripheral nerve impingement. If no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The Guidelines further state that an EMG may be useful to obtain unequivocal evidence of radiculopathy and after 1 month consider conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The Official Disability guidelines state that an NCV is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. The clinical note revealed low back pain with radiation to lower bilateral extremities. However, there is no evidence of a

positive straight leg raise, sensation, motor strength, or reflex deficits. There is no indication of failure of conservative care treatment to include physical therapy and pain medication management. Furthermore, the guidelines do not recommend NCV for lower extremity. As such, the request is not medically necessary.

6 sessions of Acupuncture for back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 6 sessions of acupuncture for the back is not medically necessary. Per the Acupuncture Medical Treatment Guidelines, it is stated Acupuncture Medical Treatment Guidelines state that "acupuncture" is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines state that the frequency and duration of acupuncture with electrical stimulation may be performed to produce functional improvement for up to 3 to 6 treatments no more than 1 to 3 times per week with duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. On 09/03/2014, the provider noted acupuncture in the past helped reduce the injured worker's pain and spasms and reducing her opioid use. However, the acupuncture progress notes were not submitted for this review regarding functional improvement. As such, the request for 6 sessions of acupuncture for the back is not medically necessary.

Cervical CT scan to evaluate bone anatomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Neck and Upper Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for Computed Tomography (CT) of Cervical Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The

recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. On 08/18/2014, the provider noted for cervical CT scan was to evaluate her bony anatomy and evaluate for possible nonunion of progression of osteophytic disease plus spraining injury. However, the injured worker had undergone a cervical MRI on 12/30/2010 that revealed C4-5 facet arthropathy in bilateral foraminal narrowing and a 4 mm osteophyte at C6-7 with central canal stenosis that may correlate with the weakness that she was having in both upper extremities. However, the provider failed to include official studies for review. As such, the request for cervical CT scan to evaluate bony anatomy is not medically necessary.

Hydromorphone 2mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no outcome measurements indicated for the injured worker such as medication pain management for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The documentation submitted for review indicated the injured worker has undergone a urine drug screen; however, the provider failed to submit the drug screen indicating opiate compliance for the injured worker. Additionally, the request for medication lacked frequency and duration of medication. As such, the request for Hydromorphone 2mg #30 is not medically necessary.

Hydrocodone 10/325mg #100, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing-management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no outcome measurements indicated for the injured worker such as medication pain management for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request lacked frequency and duration of the medication. In the documents submitted, the provider indicated the injured worker had a urine drug screen; however, there was

lack of documentation submitted to verify opioid compliance for the injured worker. As such, there request for Hydrocodone 10/325mg #100, 1 refill is not medically necessary.

Cyclobenzaprine 10mg, #90, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity drugs; Antispasmodics; Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The MTUS Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-operative use. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and Amitriptyline. There was lack of documentation provided on her long term-goals of functional improvement of her home exercise regimen. In addition, the request lacked frequency and duration of the medication. As such, the request for Cyclobenzaprine 10mg, #90, 1 refill is not medically necessary.

Cymbalta 30mg, #60, 2 refills:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The request for Cymbalta 30 mg, #60 with 2 refills is not medically necessary. According to the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first line treatment for neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The injured worker reported that with medication, he was able to get dressed in the morning and perform minimal activities at home. Although, the guidelines state that tricyclic antidepressants are generally considered a first line agent. The provider failed to include on the request, the duration and frequency of Cymbalta. As such, the request for Cymbalta 30mg, #60, 2 refills is not medically necessary.

Soma 350mg, #120, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The request for Soma 350mg #120 with 2 refills is not medically necessary. The injured worker had complaints of neck and back with post-surgical lumbar fusion, possible nonunion, giving some of her progressive upper back and neck pain. The pain was aggravated by bending, descending stairs, lifting, pushing, sitting, walking, ascending stairs, and changing positions. The California MTUS Guidelines recommend no sedating muscle relaxants with caution as a second line option for the short term treatment of acute exacerbations in patients with chronic low back pain. However, most low back pain cases show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Muscle relaxers are used to decrease muscle spasms in conditions such as low back pain. Recommended for short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. This medication is not recommended to be longer than 2 to 3 weeks. The guidelines recommend muscle relaxants for the use of treatment for acute exacerbations in patients with chronic low back pain. Furthermore, the guidelines recommend short term use of no longer than 2 to 3 weeks. However, determination of Soma usage cannot be determined with submitted documents. As such, the request for Soma 350mg, #120, 2 refills is not medically necessary.

Tizanidine 4mg, #90, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

Decision rationale: The request is not medically necessary. The California MTUS Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The documents submitted indicated the injured worker received prior conservative care; however, the outcome measurements were not provided. Furthermore, the documentation failed to indicate how long the injured worker has been on Tizanidine and functional improvement while being on the medication. The request did not include frequency of medication for the injured worker. Moreover, the guidelines do not recommend Tizanidine to be used for long term use. Documents provided for review indicated the injured worker is on Soma 350 mg and Tizanidine 4 mg. It was documented the injured worker has been stable on all her medications, although she still significantly weak with pain ranging between 3/10 to 8/10. As such, the request for Tizanidine 4mg, #90, 1 refill is not medically necessary.

Miralax 3350, #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Laxative Opioids Page(s): 77.

Decision rationale: The request for Miralax is not medically necessary. The California Medical Treatment Utilization Schedule recommends Miralax for constipation. The injured worker is diagnosed with constipation secondary to narcotics. The assumption that the injured worker will continue to have constipation with continued use of narcotics, supports the use of Miralax. The medical records indicate chronic opioid use. The guidelines recommend the initiation of prophylactic treatment of constipation for patients taking opiates. The documents submitted for review indicated the injured worker is on Miralax and Colace. There would be no need for 2 medications for the same complaints at this time. As such, the request for Miralax 3350, #30, 1 refill is not medically necessary.

Colace 100mg, #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Laxative Opioids Page(s): 77.

Decision rationale: The request for Colace is not medically necessary. The California Medical Treatment Utilization Schedule recommends Miralax for constipation. The injured worker is diagnosed with constipation secondary to narcotics. The assumption that the injured worker will continue to have constipation with continued use of narcotics, supports the use of Colace. However, the concurrent request for Colace and Miralax are 2 medications for the same complaints at this time. As such, the request for Colace 100mg, #30, 1 refill is not medically necessary.