

<b>Case Number:</b>	CM14-0162270		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48-year-old male, who reported an injury on 09/18/2013 while blowing leaves with a handheld blower at a semi stooped position; he stood up and hit his head on a metal bar and reported that the impact was so forceful that it jammed his neck down. CT of the cervical spine, dated 09/25/2013, revealed no acute abnormality; mild straightening of normal cervical lordosis with grade 1 anterolisthesis of the C4 on C5; degenerative disc disease of the cervical spine; C5-6 disc osteophyte complex and left greater than right facet arthrosis, moderate left and mild right bony neural foraminal narrowing, small gas bubble within the right neural foramen (likely extension from disc osteophyte complex); C3-4 and C4-5 mild uncovertebral hypertrophy and mild facet arthrosis with mild bilateral bony neural foraminal narrowing; C6-7 and C7-T1 disc osteophyte complexes without significant bony canal or bony neural foraminal narrowing. Past treatments were physical therapy, chiropractic sessions, and acupuncture sessions. The injured worker had an MRI of the cervical spine in 10/2013, which revealed cervical disc osteophyte at the C5-6 without cord or nerve root compression. The study also demonstrated minor degenerative changes at the C4-7 without evidence of spinal cord or nerve root compression. Physical examination, dated 09/11/2014, revealed complaints of persistent neck pain with restriction for range of motion. There were also complaints of occipital headaches and a pressure sensation in the back of the injured worker's head. The injured worker also complained of feeling a visual blurring and a feeling of being unwell. There were complaints of sensation of tingling, paresthesias in his hands bilaterally, left greater than the right. It was reported that the tingling sensation began approximately 1 and a half months after his injury. The injured worker has not had any electrodiagnostic studies performed. The pain was reported to be a 4/10, increasing to an 8/10 episodically. Medications were Zanaflex,

hydrocodone, gabapentin, and naproxen. The injured worker had an L5-S1 fusion of the lumbar spine in 1997. He also had arthroscopic repair of the ACL and knee cartilage surgery in 2006. Examination of the cervical spine revealed right rotation and extension was limited; "paralumbar" spasms in the cervical area bilaterally; no asymmetrical reflexes; grade 5/5 motor power in the major muscle groups of the upper and lower extremities; outlet maneuvers negative; and, Tinel's sign negative at the wrists and elbows. It was reported that the injured worker was not a candidate for surgical intervention on his cervical spine. The provider reported he did not see evidence of spinal cord or nerve root impingement. It was reported that the injured worker was presenting with symptoms of neck pain alone. The provider advised him that he could not guarantee that the surgery on the cervical spine at the C5-6 would resolve the cervical muscle spasm. The provider also reported that these symptoms of medial longitudinal fasciculus syndrome was the result in visual disturbance transiently. Treatment plan was for recommendation of electrodiagnostic study. The rationale and Request for Authorization were not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 spine surgical second opinion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** The decision for 1 spine surgical second opinion is not medically necessary. The California ACOEM states the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks and benefits, and especially expectations, is essential. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehabilitation specialist may help resolve symptoms. Based on extrapolating studies on low back pain, it also would be prudent to consider psychological evaluation of the patient prior to referral for surgery. There were no medical reasons reported for why the injured worker needed a second spine surgical opinion. The injured worker had undergone a psychological evaluation on 09/22/2014. There was reference to multiple psychosocial stressors. There is an indication that concept formation and verbal memory are significantly impaired based on neuropsychological testing. The patient is noted to be depressed and anxious. The psychologist recommends referral for speech therapy and psychotherapeutic innervation and psychiatric evaluation to address issues including insomnia, anorexia, and affective arousal. It was reported that the injured worker had an EMG, but it was not submitted for review. There was no medical reason reported for the decision of 1 spine surgical second opinion provided. The clinical information submitted for review does not provide evidence to justify a second opinion. Therefore, this request is not medically necessary.

## **1 EMG/VCV of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

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

**Decision rationale:** The decision for 1 EMG/VCV of the bilateral upper extremities is not medically necessary. The California ACOEM states for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. 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. Electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex test, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The assessment may include sensory evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. Physical examination for the injured worker on 09/11/2014 did not reveal any neurological deficits with strength, sensation, or reflexes. There were no other significant factors provided to justify an EMG/NCV of the bilateral upper extremities. Therefore, this request is not medically necessary.

## **1 prescription of Paxil 10mg #60 with 2 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), Mental illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The decision for 1 prescription of Paxil 10mg #60 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule states that nontricyclic antidepressants have been shown to be effective in relieving neuropathic pain of differing etiologies. While it is shown to have some efficacy on neuropathic pain, there is no evidence of efficacy in injured workers with non-neuropathic chronic low back pain. Furthermore, a recent review suggested that it is generally a third line medication for diabetic neuropathy, and may be considered when patients have not had a response to a tricyclic or SNRI. The efficacy for this medication was not reported. It was not reported why the injured worker is taking this medication. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

**1 prescription of Vicodin 5mg-300mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

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

**Decision rationale:** The decision for 1 prescription of Vicodin 5mg-300mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to non-opioid medications. The documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and assessment of aberrant drug taking behaviors. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

**1 prescription of Gabapentin 300mg #60 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

**Decision rationale:** The decision for 1 prescription of Gabapentin 300mg #60 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. There was no functional improvement reported for the injured worker for from taking this medication. There were no other significant factors provided to justify the continued use. Therefore, this request is not medically necessary.

**1 prescription of Omeprazole 20mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The decision for 1 prescription of Omeprazole 20mg #60 with 2 refills is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g. ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. It was not reported that the injured worker was having any type of GI events. The efficacy for this medication was not reported and the request does not indicate a frequency for the medication. Based on the lack of documentation detailing a clear indication for the use of Omeprazole 20mg, this request is not medically necessary.

**1 prescription of Ibuprofen 800mg #60 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The decision for 1 prescription of Ibuprofen 800mg #60 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time, consistent with individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. There was no objective functional improvement reported for the injured worker or an objective decrease in pain reported for from the use of this medication. The request does not indicate a frequency for the medication. Based on the lack of documentation detailing a clear indication for the use of ibuprofen 800 mg, this request is not medically necessary.