MAXIMUS Federal Services

Case Number:	CM14-0102506		
Date Assigned:	09/16/2014	Date of Injury:	05/27/1997
Decision Date:	06/24/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/02/2014

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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 51 year old female, who sustained an industrial injury on 5/27/1997. Diagnoses include opioid dependence, cervical spondylosis and cervical spondylosis with radiculopathy. Treatment to date has included diagnostics, multiple surgical interventions (cervical spine microdiskectomy in April 2000, anterior cervical fusion in November of 2000 and shoulder, undated), epidural injections, trigger point injections, work restrictions and medications including NSAIDs, Cyclobenzaprine, Morphine ER and Soma. Magnetic resonance imaging (MRI) of the cervical spine in 1998 revealed disc desiccation and left sided disc herniation. EMG (electromyography)/NCV (nerve conduction studies) dated 3/1/2014 were read by the evaluating provider as normal. Per the Primary Treating Physician's Progress Report dated 5/21/2014, the injured worker reported not getting adequate pain relief with her current doses of medications. She reported back pain, shoulder pain and neck pain with radicular symptoms and increased weakness in the bilateral upper extremities. Physical examination revealed tenderness to palpation of the cervical paraspinal muscles greater at the level of C6-C7. She is noted to be in moderate distress secondary to neck pain. The plan of care included, and authorization was requested for a urine drug screen, magnetic resonance imaging (MRI) of the cervical spine and Nucynta ER 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are opiate dependence; cervical spondylosis; and cervical spondylosis with radiculopathy. An MRI dated August 4, 1998 showed reversal normal cervical lordotic curve; 2 mm central disc protrusion at C4 - C5; and two 3 mm left paracentral disc protrusion at C5 - C6. The documentation shows the injured worker had a second cervical spine MRI (results not available) September 18, 1999. The injured worker had epidural steroid injections and nerve injections. EMG of the upper extremities showed no evidence of acute or recurrent cervical radiculopathy; no evidence of conduction block at the wrist or carpal tunnel syndrome; with normal ulnar conduction. The progress note dated June 3, 2014 contains a request for an MRI of the cervical spine. There are no physical findings/objective findings in the progress note. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). There are no new significant clinical symptoms or objective clinical findings indicating an MRI of the cervical spine is indicated. There is no clinical indication or rationale for a repeat MRI of the cervical spine. Consequently, absent clinical documentation with a clinical indication and rationale for repeat MRI of the cervical spine, no significant change in symptoms and/or objective findings, MRI cervical spine is not medically necessary.

Nucynta ER 50mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Nucynta.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta ER 50mg #60 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured worker's working diagnoses are opiate dependence; cervical spondylosis; and cervical spondylosis with radiculopathy. The documentation, according to a June 3, 2014 progress note shows the injured worker was prescribed Dilaudid 2 mg; Morphine sulfate extended release 15 mg (February 19, 2014); Nucynta (May 21, 2014); and Soma 350 mg (April 2014). There is no clinical rationale for prescribing Nucynta. The guidelines indicate Nucynta is indicated as a second line therapy for patients who develop intolerable adverse effects with first line opiates. There is no documentation of intolerable adverse effects documented in the medical record. Moreover, the treating provider has prescribed several long-acting opiates to an injured worker with a history of opiate dependence (Dilaudid, Morphine sulfate extended release and Nucynta). Consequently, absent compelling clinical documentation with documentation indicating intolerable adverse effects with first-line opiates, Nucynta ER 50mg #60 is not medically necessary.