

Case Number:	CM15-0113019		
Date Assigned:	06/24/2015	Date of Injury:	10/25/2012
Decision Date:	10/07/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male patient, who sustained an industrial injury on 10/25/2012. He sustained the injury when he struck the back against a metal rod while running an obstacle course. Diagnoses have included bilateral carpal tunnel syndrome, discogenic lumbar condition, impingement syndrome of the shoulders bilaterally, internal derangement of the knee of the right, ankle and foot sprain and discogenic cervical condition; depression and weight loss due to chronic pain. According to the progress report dated 5/14/2015, he came in using a cane. He had complaints related to his neck, low back, shoulders, right knee, left ankle and carpal tunnel condition of both hands. The physical examination revealed tenderness across the lumbar paraspinal muscles, pain with facet loading and pain in both shoulders and knees with limited range of motion. The medications list includes naproxen, protonix, tramadol, neurontin, trazodone, effexor XR. Per the doctor's note dated 1/15/15, patient had difficulty sleeping and element of depression. He has had right shoulder MRI dated 4/8/2013 and left shoulder MRI dated 4/9/2013; lumbar spine MRI in 7/2014; right knee MRI; left ankle MRI dated 5/3/2013; EMG/NCS dated 8/6/14 which revealed bilateral carpal tunnel syndrome; EMG/NCS lower extremities dated 10/8/14 with unremarkable findings. He has undergone bilateral ankle surgery. Treatment to date has included neck traction, back brace, knee brace, injections and medication. Authorization was requested for Fluoroscopy evaluation neck, flexion/extension views x 1; Fluoroscopy evaluation bilateral wrists x 1; Naproxen; Protonix; Tramadol ER; Trazodone; Effexor and carpal tunnel braces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy evaluation neck, flexion/extension views x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Fluoroscopy evaluation neck, flexion/extension views x 1. Per the ACOEM chapter 8 guidelines "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-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; Clarification of the anatomy prior to an invasive procedure." Any evidence of red flags or serious spinal pathology is not specified in the records provided. Any plan for cervical surgery/invasive procedure is not specified in the records provided. Detailed subjective and objective examination of cervical spine with significant functional deficits that would require cervical fluoroscopic evaluation are not specified in the records provided. Rationale for Fluoroscopy evaluation of the cervical spine is not specified in the records provided. The medical necessity of Fluoroscopy evaluation neck, flexion/extension views x 1 is not established for this patient. The request is not medically necessary.

Fluoroscopy evaluation bilateral wrists x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Arm and Hand X-rays.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: Fluoroscopy evaluation bilateral wrists x 1. Per the ACOEM's Occupational Medicine Practice Guidelines regarding right hand/wrist X-rays, "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out..." Per the cited guidelines "If symptoms have not resolved in four to six weeks and the patient has joint effusion, serologic studies for Lyme disease and autoimmune diseases may be indicated. Imaging studies to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders." He has had EMG/NCS dated 8/6/14 which revealed bilateral carpal tunnel syndrome. A plan for wrist surgery/ invasive procedure is not specified in the records provided. A recent detailed subjective and objective

examination of bilateral wrist/hand with significant functional deficits that would require bilateral wrists fluoroscopic evaluation are not specified in the records provided. Rationale for Fluoroscopy evaluation of the bilateral wrists is not specified in the records provided. The medical necessity of Fluoroscopy evaluation bilateral wrists x 1 is not established for this patient. The request is not medically necessary.

Naproxen 550mg #60, for 6/16/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Naproxen 550mg #60, for 6/16/15. Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient had complaints related to his neck, low back, shoulders, right knee, left ankle and carpal tunnel condition of both hands. He has objective findings on the physical examination- tenderness across the lumbar paraspinal muscles, pain with facet loading and pain in both shoulders and knees with limited range of motion. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen 550mg #60, for 6/16/15 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

Protonix 20mg #60, DOS: 6/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Protonix 20mg #60, DOS: 6/15/15. Pantoprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the current records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any current objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer.

The medical necessity of Protonix 20mg #60, DOS: 6/15/15 is not established for this patient. The request is not medically necessary.

Tramadol ER 150mg #30, DOS: 6/15/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

Decision rationale: Tramadol ER 150mg #30, DOS: 6/15/15. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had complaints related to his neck, low back, shoulders, right knee, left ankle and carpal tunnel condition of both hands. He has objective findings on the physical examination- tenderness across the lumbar paraspinal muscles, pain with facet loading and pain in both shoulders and knees with limited range of motion. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol ER 150mg #30, DOS: 6/15/15 is medically appropriate and necessary to use as prn during acute exacerbations.

Trazodone 50mg #60, DOS: 6/15/15: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 09/08/15) Insomnia treatment.

Decision rationale: Trazodone 50mg #60, DOS: 6/15/15. Selective serotonin reuptake inhibitors (SSRIs), Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) Trazodone is tetra cyclic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated.)" In addition, per the cited guidelines "Trazodone is one of the most commonly prescribed agents for insomnia." Per the records provided, he had complaints of chronic pain in multiple body parts

with history of depression and difficulty sleeping. Trazadone was prescribed for sleep disruption secondary to chronic pain. Trazodone is a first line agent in this clinical situation. The request of Trazodone 50mg #60, DOS: 6/15/15 is medically appropriate and necessary for this patient.

Effexor XR 75mg #60, DOS: 6/15/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Venlafaxine (Effexor).

Decision rationale: Effexor XR 75mg #60, DOS: 6/15/15. According to CA MTUS guidelines cited below Venlafaxine (Effexor) is "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches." According to the records provided, according to the records provided patient had complaints related to his neck, low back, shoulders, right knee, left ankle and carpal tunnel condition of both hands. He has objective findings on the physical examination- tenderness across the lumbar paraspinal muscles, pain with facet loading and pain in both shoulders and knees with limited range of motion. He has depression due to chronic pain. SNRIs like Effexor are a first line option for patients with chronic pain and depression. The request for Effexor XR 75mg #60, DOS: 6/15/15 is medically appropriate and necessary for this patient.

Carpal tunnel braces x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

Decision rationale: Carpal tunnel braces x 2. MTUS guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Page 264, 264. Per the ACOEM guidelines "Initial treatment of CTS should include night splints. Day splints can be considered for patient comfort as needed to reduce pain, along with work modifications." Per the ACOEM guidelines "Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. Strict elevation can be done for a short period of time at regular intervals." He has had EMG/NCS dated 8/6/14 which revealed bilateral carpal tunnel syndrome. However a recent detailed subjective history and objective examination of bilateral wrist/hand with significant functional deficits that would require bilateral carpal tunnel braces are not specified in the records provided. Response to previous conservative therapy including physical therapy and pharmacotherapy for the bilateral wrist is not specified in the records provided. The medical necessity of Carpal tunnel braces x 2 is not established for this patient. The request is not medically necessary.