

Case Number:	CM15-0120254		
Date Assigned:	06/30/2015	Date of Injury:	07/10/2007
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: 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 64 year old female, who sustained an industrial injury on 7/10/07. Initial complaints were of repetitive heavy lifting with her upper extremities causing pain into the upper extremities including neck, shoulder, forearm and wrist. The injured worker was diagnosed as having cervical degenerative disc disease; status post C4-C5 ACDF; bilateral shoulders impingement syndrome with frozen shoulders/rotator cuff tears; bilateral carpal tunnel repair (2007); lumbar sprain/strain; degenerative lumbar spine disc disease with radiculopathy; bilateral knees internal derangement with lateral meniscus tears; dysphagia following cervical surgery; sleep disorder. Treatment to date has included physical therapy (x12); acupuncture (x16); status post anterior cervical disc fusion (ACDF)/decompression surgery (10/6/11); post-operative dysphagia following cervical spine surgery consult; cervical epidural steroid injection (10/17/13); medications. Currently, the PR-2 notes dated 5/18/15 indicated the injured worker returns to this office for an orthopedic follow-up appointment. She was last seen on 3/9/15 complaining her condition has worsened. She is having trouble closing her left pinky finger and left ring finger. She has extreme pain and goes numb with difficulty holding items. She reports right leg weakness causing her to fall or nearly fall more frequently. She is having severe knee pain with difficulties going up and down stairs and the pain travels into the legs and through her hips. She reports severe neck pain causing sleep issues and uses an airline pillow to try to get comfortable getting about 2 hours of sleep at a time. She states while sitting, the pain in her neck shoots down her chest and feels like she is having a heart attack. She has pain in both shoulders and both hands and wrists with the left worse than the right. She has sharp back pain that travels

into her lower extremities. She ambulates with a single-point cane. She has a well healed cervical scar and is a status post C4-C5 ACDF. The provider notes she has tenderness and pain with limited cervical range of motion. She has bilateral shoulder tenderness with positive impingement and limited range of motion. Her bilateral arms note tenderness along with her bilateral elbows. He notes well healed bilateral wrist scars from prior bilateral carpal tunnel release. The thoracic and lumbar spine notes tenderness to palpation with limited range of motion. The right knee elicits tenderness with limited range of motion and difficulties squatting and kneeling due to pain. The provider documents a MRI of the right and left knees with horizontal cleavage tear dated (2/8/11), a MRI of the lumbar spine notes disc bulging (2/8/11), MRI of the left and right shoulders reveal a full thickness tear of the rotator cuff (10/9/12) and an EMG/NCV study reveals acute L5 radiculopathy (no date). The provider's treatment plan included Norco 10/325mg #60; Lyrica 25mg #60; orthopedic hand specialist and a Sleep Study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, the treating provider notes some improvement in injured worker's subjective complaints. Follow up note submitted by treating provider states patient remains symptomatic with pain, using more Norco. Also the injured worker is complaining of adverse effects from Norco use. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any measurable objective evidence of functional improvement. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Lyrica 25mg qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 17, 19, 20, 48.

Decision rationale: According to California MTUS Guidelines, anti-epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. The injured worker has been taking Lyrica, in addition to narcotic analgesics, with no significant improvement documented. The notes from treating provider state injured worker has persistent upper extremity neuropathic pain. Without evidence of improvement, the guidelines recommend changing to a different first-line agent. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary. Of note, discontinuation of Lyrica should include a taper, to avoid withdrawal symptoms.

Orthopedic hand specialist consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic) Office visits.

Decision rationale: MTUS explains how the chronic pain medical treatment guidelines apply. It states that generally providers should begin with an assessment of the presenting complaint and a determination as to whether there is a red flag for a potentially serious condition which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided and the patient is reassessed over the next 3-4 weeks. If the complaint persists during this interval, the treating physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. ODG states Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The treating provider notes indicate patient is having trouble closing her left pinky finger and left ring finger. She has extreme pain and goes numb with difficulty holding items. The information submitted in

the Medical records does not provide any rationale, why referral is needed. There is no mention in the records that the injured worker has failed conservative measures. Given the lack of documentation about any change in injured worker's chronic symptoms, the request is not medically necessary.

Sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Polysomnography.

Decision rationale: Official Disability Guidelines (ODG) Polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence; Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); Morning headache (other causes have been ruled out); Intellectual deterioration (sudden, without suspicion of organic dementia); Personality change (not secondary to medication, cerebral mass or known psychiatric problems); Sleep-related breathing disorder or periodic limb movement disorder is suspected; Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Unattended (unsupervised) home sleep studies for adult patients are appropriate with a home sleep study device with a minimum of 4 recording channels (including oxygen saturation, respiratory movement, airflow, and EKG or heart rate). Within the submitted records there is mention of injured worker complaining severe neck pain causing sleep issues and she uses an airline pillow to try to get comfortable, getting about 2 hours of sleep at a time. There is no mention of any concerns that meet the guidelines for sleep studies. It is not clear if the injured worker had any prior unattended (unsupervised) home sleep studies. In the absence of such information, the request for sleep study is not medically necessary and appropriate.