

<b>Case Number:</b>	CM15-0120301		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	05/22/2000
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female who sustained an industrial injury on 5/22/00. Primary physician's progress note dated 5/21/15 reports continued complaints of pain and the feeling of pins and needles in her neck, back, upper extremities and left leg. She has persistent neck and upper extremity pain that radiates into her arms. Neck and shoulder pain is rated 8-10/10 and bilateral wrists 6/10. Back pain is rated 7-8/10 and bilateral leg pain is rated 4/10. Pain medication is helping with pain relief. Diagnoses include persistent neck pain and discectomy and fusion, bulging disc with bilateral neural foraminal stenosis and facet syndrome, and right wrist overuse injury status post cervical and discectomy and fusion. Plan of care includes: physical therapy 6 visits for neck, MRI of cervical spine, Norco 10/325 mg #30 1 per day as needed for pain, Ambien 10 mg #30 1 at night as needed with 2 refills, Flexeril 10 mg #60 1 twice per day as needed with 2 refills and x-ray of cervical spine. Work status is permanent and stationary she is working and can work full duty. Follow up in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI scan of the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter under Magnetic resonance imaging (MRI).

**Decision rationale:** Based on the 05/21/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the upper extremities. The patient is status post cervical and discectomy and fusion, 09/13/01. The request is for MRI scan of the cervical spine. Patient's diagnosis per Request for Authorization form is dated 05/21/15 and includes persistent neck pain following C5-6 and C6-C7 anterior cervical discectomy and fusion. Physical examination to the cervical spine on 05/21/15 revealed tenderness to palpation to the paraspinous musculature and decreased sensation about the C5 dermatome. Patient's medications include Norco. The patient is permanent and stationary, but working full duty, per 05/21/15 report. ACOEM Guidelines, Chapter 8, pages 177 and 178, states "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, Neck and Upper Back (Acute & Chronic) Chapter under Magnetic resonance imaging (MRI) have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging--Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/ impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Per 05/21/15 report, treater states "...I recommend [the patient] have x-rays taken due to the radicular components of her pain. An MRI scan is warranted as well." The patient is post-op and guidelines support repeat MRIs to evaluate the impact of surgical interventions, which may contribute to a significant change in symptoms. There is no indication the patient had postoperative cervical MRI done. This request appears to be reasonable and is supported by the guidelines. Therefore, it is medically necessary.

**X-ray of the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 179.

**Decision rationale:** The request is for X-RAY OF THE CERVICAL SPINE. Patient's diagnosis per Request for Authorization form dated 05/21/15 includes persistent neck pain following C5-6 and C6-C7 anterior cervical discectomy and fusion. Patient's diagnosis per Request for Authorization form dated 05/21/15 includes persistent neck pain following C5-6 and C6-C7 anterior cervical discectomy and fusion. Patient's medications include Norco. The patient is permanent and stationary, but working full duty, per 05/21/15 report. ACOEM guidelines on special studies for C-spine, Chapter 8 (p 177, 178) states: "X-rays: Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor. (Bigos, 1999) (Colorado, 2001); "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." MTUS/ACOEM Chapter 8, table 8-7 on page 179, states: Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. Per 05/21/15 report, treater states "...I recommend [the patient] have x-rays taken due to the radicular components of her pain. An MRI scan is warranted as well." In this case, the patient is status post cervical fusion and continues to suffer from neck pain. Physical examination to the cervical spine on 05/21/15 revealed tenderness to palpation to the paraspinous musculature and decreased sensation about the C5 dermatome. Medical records provided do not indicate prior X-rays of the cervical spine. This request appears to be reasonable and is supported by the guidelines. Therefore, it is medically necessary.

**Norco 10/325mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** Based on the 05/21/15 progress report provided by treating physician, the patient presents with neck, back, upper extremities and left leg. The patient is status post cervical and discectomy and fusion, date unspecified. The request is for Norco 10/325mg #30 with 2 refills. Patient's diagnosis per Request for Authorization form dated 05/21/15 includes persistent neck pain following C5-6 and C6-C7 anterior cervical discectomy and fusion. Patient's diagnosis per Request for Authorization form dated 05/21/15 includes persistent neck pain following C5-6 and C6-C7 anterior cervical discectomy and fusion. Physical examination to the cervical spine on 05/21/15 revealed tenderness to palpation to the paraspinous musculature and decreased sensation about the C5 dermatome. Patient's medications include Norco. The patient is permanent and stationary, but working full duty, per 05/21/15 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well

as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Norco has been included in patient's medications, per progress reports 08/09/14, 01/15/15, and 05/21/15. Per 05/21/15 report, treater states "Norco has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain." In this case, the patient is working, which indicates significant functional improvement. However, there are no specific discussions regarding aberrant behavior, adverse reactions, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Ambien 10mg #30 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), Pain chapter-Zolpidem (Ambien).

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

**Decision rationale:** Based on the 05/21/15 progress report provided by treating physician, the patient presents with neck, back, upper extremities and left leg. The patient is status post cervical and discectomy and fusion, date unspecified. The request is for Ambien 10mg #30 with 2 refills. Patient's diagnosis per Request for Authorization form dated 05/21/15 includes persistent neck pain following C5-6 and C6-C7 anterior cervical discectomy and fusion, and sleep disorder. Patient's diagnosis per Request for Authorization form dated 05/21/15 includes persistent neck pain following C5-6 and C6-C7 anterior cervical discectomy and fusion. Physical examination to the cervical spine on 05/21/15 revealed tenderness to palpation to the paraspinous musculature and decreased sensation about the C5 dermatome. Patient's medications include Norco. The patient is permanent and stationary, but working full duty, per 05/21/15 report. ODG-TWC, Pain (Chronic) Chapter under Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Per 05/21/15 report, treater states Ambien "with 2 refills, will be utilized for sleep as-needed." ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. In this case, the request for quantity 30 with 2 refills exceeds guideline recommendation. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Flexeril 10mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Section Page(s): 64.

**Decision rationale:** Based on the 05/21/15 progress report provided by treating physician, the patient presents with neck, back, upper extremities and left leg. The patient is status post cervical and discectomy and fusion, date unspecified. The request is for Flexeril 10mg #60 with 2 refills. Patient's diagnosis per Request for Authorization form dated 05/21/15 includes persistent neck pain following C5-6 and C6-C7 anterior cervical discectomy and fusion, and L5-S1 disc desiccation and bulging with bilateral neural foraminal stenosis and facet syndrome. Patient's diagnosis per Request for Authorization form dated 05/21/15 includes persistent neck pain following C5-6 and C6-C7 anterior cervical discectomy and fusion, and sleep disorder. Patient's diagnosis per Request for Authorization form dated 05/21/15 includes persistent neck pain following C5-6 and C6-C7 anterior cervical discectomy and fusion. Physical examination to the cervical spine on 05/21/15 revealed tenderness to palpation to the paraspinous musculature and decreased sensation about the C5 dermatome. Patient's medications include Norco. The patient is permanent and stationary, but working full duty, per 05/21/15 report. MTUS pg 64, Muscle Relaxants for Pain Section, on Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." Per 05/21/15 report, treater states Flexeril "with 2 refills, will be utilized for spasm." MTUS recommends Cyclobenzaprine, only for a short period (no more than 2-3 weeks). In this case, the request for quantity 60 with 2 refills exceeds guideline recommendation. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.