

<b>Case Number:</b>	CM15-0144358		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 27 year old female who sustained an industrial injury on 7-2-14. In a progress report dated 6-15-15, the treating physician notes the injured worker was seen for an initial orthopedic evaluation with complaints of intractable back pain. Examination of the cervical spine reveals tenderness to palpation, mild to moderate paraspinal spasms and painful limited range of motion. There is decreased sensation to pinwheel testing to the middle finger on the left upper extremity in a C7 pattern. The thoracolumbar spine exam reveals tenderness to the mid thoracic region, the lumbosacral juncture, mild to moderate paraspinal spasms and range of motion is painful and restricted. There is decreased sensation on the left medial leg suggesting an L4 pattern. A piriformis test is positive on the left. The left hip exam notes tenderness to palpation of the anterior femoral head. Diagnostic impression is cervical sprain-strain, sprain-strain of lumbosacral spine, sprain-strain thoracic spine, and sprain-strain left hip-thigh. Work status is that she has been unable to return to work due to physical limitations. The requested treatment is a retrospective request for Tramadol ER 150mg #60 (date of service 6-15-15), retrospective request for Omeprazole DR 20mg #60 (date of service 6-15-15), retrospective request for Cyclobenzaprine 7.5mg #60, MRI of the cervical spine without contrast, and physical therapy 3 times a week for 4 weeks for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS 6/15/2015) for Tramadol ER 150mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

**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:** The patient presents with neck, low back, mid back, left hip, and left knee pain. The request is for Retrospective Request (Dos 6/15/2015) For Tramadol ER 150MG #60. The request for authorization is dated 06/17/15. MRI of the lumbar spine, 07/30/15, shows mild lumbar spondylosis; no canal or foraminal narrowing. X-ray of the cervical spine, 06/15/15, shows loss of lordosis suggestive of paraspinal spasms. Physical examination of the cervical spine reveals tenderness to palpation noted to CT area, mild to moderate paraspinal spasms noted. Range of motion is painful and limited. Decreased sensation to pinwheel testing to middle finger on the left upper extremity in a C7 pattern. Exam of thoracolumbar spine reveals tenderness to palpation to mid thoracic region, tenderness to the lumbosacral juncture, mild to moderate paraspinal spasms noted. Range of motion is painful and restricted. Decreased sensation on the left medial leg suggesting an L4 pattern. Piriformis test positive on the left. Exam of left hip/thigh joint reveals anterior femoral head tenderness to palpation noted. Unable to perform a full squat. Per progress report dated 06/15/15, the patient is on modified duties. 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not specifically discuss this medication. This appears to be the initial trial prescription of Tramadol. In this case, the patient continues with neck, low back, mid back, left hip, and left knee pain. Since this is the initial prescription, treater has not had the opportunity to document the medication efficacy. Therefore, the request was medically necessary.

**Retrospective request (DOS 6/15/2015) for Omeprazole D R 20mg #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, Pain Chapter, Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with neck, low back, mid back, left hip, and left knee pain. The request is for Retrospective Request (Dos 6/15/2015) for Omeprazole D R 20mg #60. The request for authorization is dated 06/17/15. MRI of the lumbar spine, 07/30/15, shows mild lumbar spondylosis; no canal or foraminal narrowing. X-ray of the cervical spine, 06/15/15, shows loss of lordosis suggestive of paraspinal spasms. Physical examination of the cervical spine reveals tenderness to palpation noted to CT area, mild to moderate paraspinal spasms noted. Range of motion is painful and limited. Decreased sensation to pinwheel testing to middle finger on the left upper extremity in a C7 pattern. Exam of thoracolumbar spine reveals tenderness to palpation to mid thoracic region, tenderness to the lumbosacral juncture, mild to moderate paraspinal spasms noted. Range of motion is painful and restricted. Decreased sensation on the left medial leg suggesting an L4 pattern. Piriformis test positive on the left. Exam of left hip/thigh joint reveals anterior femoral head tenderness to palpation noted. Unable to perform a full squat. Per progress report dated 06/15/15, the patient is on modified duties. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states , "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. This appears to be the initial trial prescription of Omeprazole. In this case, the patient is prescribed Anaprox, an NSAID. However, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss what gastric complaints there are, and why she needs to take it. The request does not meet MTUS guidelines indication. Therefore, the request was not medically necessary.

**Retrospective request (DOS 6/15/2015) for Cyclobenzaprine 7.5mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with neck, low back, mid back, left hip, and left knee pain. The request is for Retrospective Request (Dos 6/15/2015) for Cyclobenzaprine 7.5mg #60. The request for authorization is dated 06/17/15. MRI of the lumbar spine, 07/30/15, shows mild lumbar spondylosis; no canal or foraminal narrowing. X-ray of the cervical spine, 06/15/15, shows loss of lordosis suggestive of paraspinal spasms. Physical examination of the cervical spine reveals tenderness to palpation noted to CT area, mild to moderate paraspinal spasms noted. Range of motion is painful and limited. Decreased sensation to pinwheel testing to middle finger on the left upper extremity in a C7 pattern. Exam of thoracolumbar spine reveals tenderness to palpation to mid thoracic region, tenderness to the lumbosacral juncture, mild to moderate paraspinal spasms noted. Range of motion is painful and restricted. Decreased

sensation on the left medial leg suggesting an L4 pattern. Piriformis test positive on the left. Exam of left hip/thigh joint reveals anterior femoral head tenderness to palpation noted. Unable to perform a full squat. Per progress report dated 06/15/15, the patient is on modified duties. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodon 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. This appears to be the initial trial prescription of Cyclobenzaprine. Per progress report dated 06/15/15, treater notes, "Treatment Plan Start Flexeril tablet, 7.5 mg, 1 tab(s), orally, 3 times a day." In this case, treater has provided a 20-day supply of Cyclobenzaprine. The request appears reasonable and within guidelines indication. Therefore, the request was medically necessary.

**MRI of the cervical spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, MRI (Magnetic Resonance Imaging).

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

**Decision rationale:** The patient presents with neck, low back, mid back, left hip, and left knee pain. The request is for MRI Of The Cervical Spine With Out Contrast. The request for authorization is dated 06/17/15. MRI of the lumbar spine, 07/30/15, shows mild lumbar spondylosis; no canal or foraminal narrowing. X-ray of the cervical spine, 06/15/15, shows loss of lordosis suggestive of paraspinal spasms. Physical examination of the cervical spine reveals tenderness to palpation noted to CT area, mild to moderate paraspinal spasms noted. Range of motion is painful and limited. Decreased sensation to pinwheel testing to middle finger on the left upper extremity in a C7 pattern. Exam of thoracolumbar spine reveals tenderness to palpation to mid thoracic region, tenderness to the lumbosacral juncture, mild to moderate paraspinal spasms noted. Range of motion is painful and restricted. Decreased sensation on the left medial leg suggesting an L4 pattern. Piriformis test positive on the left. Exam of left hip/thigh joint reveals anterior femoral head tenderness to palpation noted. Unable to perform a full squat. Per progress report dated 06/15/15, the patient is on modified duties. ACOEM Guidelines, chapter 8, page 177 and 178, state "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, chapter 'Neck and Upper Back (Acute & Chronic)' and topic '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. Treater does not discuss the request. In this case, physical examination of the cervical spine reveals tenderness to palpation noted to CT area, mild to moderate paraspinal spasms noted. Range of motion is painful and limited. No radiation to upper extremities. Spurling's sign negative, Adson's test negative, modified Adson's negative. Motor exam upper extremities 5/5 all groups bilaterally. However, ODG guidelines require neurologic signs and symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request is not medically necessary.

**Physical therapy 3 wk 4 for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines "Physical Medicine Page(s): 98, 99.

**Decision rationale:** The patient presents with neck, low back, mid back, left hip, and left knee pain. The request is for Physical Therapy 3 Wk 4 For The Cervical Spine. The request for authorization is dated 06/17/15. MRI of the lumbar spine, 07/30/15, shows mild lumbar spondylosis; no canal or foraminal narrowing. X-ray of the cervical spine, 06/15/15, shows loss of lordosis suggestive of paraspinal spasms. Physical examination of the cervical spine reveals tenderness to palpation noted to CT area, mild to moderate paraspinal spasms noted. Range of motion is painful and limited. Decreased sensation to pinwheel testing to middle finger on the left upper extremity in a C7 pattern. Exam of thoracolumbar spine reveals tenderness to palpation to mid thoracic region, tenderness to the lumbosacral juncture, mild to moderate paraspinal spasms noted. Range of motion is painful and restricted. Decreased sensation on the left medial leg suggesting an L4 pattern. Piriformis test positive on the left. Exam of left hip/thigh joint reveals anterior femoral head tenderness to palpation noted. Unable to perform a full squat. Per progress report dated 06/15/15, the patient is on modified duties. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 06/15/15, treater's reason for the request "is needed for functional restoration." Review of provided progress reports show no evidence of prior physical therapy sessions. Given the patient's condition, a short course of physical therapy would be indicated. However, the request for 12 sessions of physical therapy would exceed what is recommended by MTUS for non post- op conditions. Therefore, the request is not medically necessary.