

Case Number:	CM15-0165415		
Date Assigned:	09/22/2015	Date of Injury:	02/01/2011
Decision Date:	11/18/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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:

This injured worker is a 34 year old male who reported an industrial injury on 2-1-2011. The history noted a slip and fall, with injury to the low back, in 2004; and a neck injury, with pain to his neck and shoulders, in 2010. His diagnoses, and or impressions, were noted to include: cervical discopathy with radiculitis; lumbar discopathy with radiculitis; carpal tunnel syndrome - double crush; and right shoulder impingement syndrome. Recent electrodiagnostic studies were noted on 7-14-2015, noting abnormal findings; no current imaging studies were noted. His treatments were noted to include: medication management; and a return to work. The progress notes of 6-16-2015 reported a re-evaluation for complaints which included: unchanged, constant pain in the cervical spine, rated 7 out of 10, that was aggravated by repetitive motions and working above the shoulder level, radiated numbness and tingling into the upper extremities, and was associated with migrainous headaches and tension between the shoulders; unchanged, constant low back pain, rated 7 out of 10, and aggravated by activity and sitting, radiated pain into the lower extremities; frequent, unchanged pain in the right shoulder, rated 7 out of 10, and aggravated by movement and working at or above the shoulder level; frequent, unchanged pain, rated 5 out of 10, in the bilateral wrists, aggravated by motion and activities; and difficulty sleeping secondary to pain. The objective findings were noted to include: no change in the review of systems; morbid obesity; no acute distress; tenderness and spasms in the cervical para-vertebral muscles, with positive axial loading compression test, positive Spruling's maneuver and limited cervical range-of-motion; tingling and numbness in the into the lateral forearm and hand which correlated with a cervical 6-7 dermatomal pattern; decreased strength biceps, triceps, wrist flexors and extensors, and finger extensors, and in the cervical 6 & 7 muscles; tenderness

around the right shoulder region and subacromial space, with positive Hawkins and impingement signs; reproducible symptomatology with internal rotation and forward flexion; tenderness over the volar aspect of the bilateral wrists, with positive palmar compression test and subsequent Phalen's maneuver; positive Tinel's sign over the carpal canal; painful bilateral wrist range-of-motion; diminished sensation in the radial digits; tenderness with spasm over the lumbar para-vertebral muscle, with positive seated nerve root test; guarded and restricted lumbar range-of-motion; and numbness and tingling in the lateral thigh, antero-lateral leg and foot, and posterior leg and lateral foot, correlating with lumbar 5-sacral 1 dermatomal pattern. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the cervical and lumbar spine and right shoulder; and appropriate pharmacological agents for symptomatic relief, which were said to be requested under a separate cover letter that was not noted. The Request for Authorization, dated 7-21-2015, was noted for: Nabumetone (Relafen) 750 mg, 1 three times a day, #120, for inflammatory pain; Lansoprazole (Prevacid) DR 30 mg, 1 every 12 hours as needed, #120 for upset stomach; Ondansetron 8 mg, 1 as needed but no more than 2 per day, #30 for stomach-nausea; Cyclobenzaprine HCL 7.5 mg, every 8 hours as needed, #120 for pain and spasm; Tramadol ER 150 mg, once a day as needed, #90 for severe pain; Sumatriptan Succinate 25 mg, 1 at the onset of headache and 2 hours later if needed, no more than 4 per day, #9; Eszopiclone (Lunesta) 1 mg, 1 tablet at hour of sleep as needed for sleep, #30. No Request for Authorization was noted in the medical records provided, for the magnetic resonance imaging studies for the cervical and lumbar spine, and right shoulder. The Utilization Review of 7-28-2015 non-certified the requests for: Nabumetone (Relafen) 750 mg, 1 three times a day, #120; Lansoprazole (Prev acid) DR 30 mg, 1 every 12 hours as needed, #120; Ondansetron 8 mg, 1 as needed but no more than 2 per day, #30; Cyclobenzaprine HCL 7.5 mg, every 8 hours as needed, #120; Tramadol ER 150 mg, once a day as needed, #90; Sumatriptan Succinate 25 mg, 1 at the onset of headache and 2 hours later if needed, no more than 4 per day, #9; Eszopiclone (Lunesta) 1 mg, 1 tablet at hour of sleep as needed for sleep, #30; and magnetic resonance imaging studies of the cervical and lumbar spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone (Relafen) 750mg 1 TID QTY: 120: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for nonsteroidal anti-inflammatory drugs recommend use for acute conditions or for acute exacerbation of conditions for short-term therapy. It is recommended at lowest dose for the shortest period in patients with moderate to severe pain. Specific recommendations include osteoarthritis, back pain, and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as

measured during the history and physical exam, performed and documented as part of the evaluation and management. Medical record did not include evidence of functional improvement with this medication and reduction in the dependency on continued medical treatment. There was no evidence of an acute condition or an acute exacerbation of the condition that determined the medical necessity of the medication. Therefore, the requested treatment Nabumetone (Relafen) 750mg 1 TID QTY: 120 is not medically necessary and appropriate.

Lansoprazole (Prevacid) DR 30mg 1 Q12HR PRN QTY: 120: 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: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaint in this injured worker. Also Relafen is determined not medically necessary. Based on the available information provided for review, the medical necessity for Lansoprazole (Prevacid) DR 30mg 1 Q12HR PRN QTY: 120, has not been established. Therefore, the request is not medically necessary.

Ondansetron 8mg ODT 1 PRN no more than 2/day QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Ondansetron.

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-- Antiemetics (for opioid nausea).

Decision rationale: Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. The treating provider indicates that in this injured worker the requested treatment is for nausea associated with headache. There are no clear physician reports which adequately address the specific symptomatic and functional benefit from Ondansetron. In this case, the guidelines for its use are not met, which would also make the request for Ondansetron not medically necessary.

Cyclobenzaprine HCL 7.5mg Q8H PRN QTY: 120: Upheld

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

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 -- Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records are not clear if the injured worker has shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Tramadol ER 150mg once a day as needed QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/druginfo>.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and use of drug screening with issues of abuse, addiction, or poor pain control. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of objective, measurable improvement in the injured worker's pain, function and in his quality of life with use of the Tramadol. The documentation is not clear about intensity of pain after taking the Tramadol, how long it takes for pain relief, or how long the pain relief lasts. Based on the guidelines, the documentation provided did not support the medical necessity of the request for

Tramadol ER 150mg once a day as needed QTY: 90. Therefore, the request is not medically necessary.

Sumatriptan Succinate 25mg QTY: 9 x2 to be taken one at onset of headache, repeat 2 hours later if needed, no more than 4/day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/imitrex.html>.

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

Decision rationale: As per Official Disability Guidelines (ODG) Triptans are recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. The treating provider's notes do not indicate that in this injured worker, continuing this medication has been effective in maintaining any measurable objective evidence of functional improvement. The Requested Treatment: Sumatriptan Succinate 25mg is not medically necessary.

Eszopiclone (Lunesta) Tablets 1mg 1 at bedtime as needed for sleep QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; <http://www.drugs.com>.

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- (Chronic): Eszopiclone (Lunesta); Insomnia; Insomnia treatment.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines are silent on this request. The Official Disability Guidelines (ODG) guidelines recommend Eszopiclone (Lunesta) for short-term treatment of insomnia. The ODG recommends correcting sleep deficits, such as difficulty in sleep initiation or maintenance, and/or early awakening. There is insufficient evidence to support the diagnosis of insomnia. There is lack of documentation of symptoms of insomnia and the resulting impairments. Also there is no documentation of the use of sleep hygiene techniques being used to correct sleep deficits. Therefore, the request for Lunesta is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical, Thoracic, and Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter--Magnetic resonance imaging (MRI).

Decision rationale: MTUS/ACOEM state many patients with strong clinical findings of nerve root dysfunction due to disk herniation recover activity tolerance within one month; there is no evidence that delaying surgery for this period worsens outcomes in patients without progressive neurologic findings. Spontaneous improvement in MRI documented cervical disk pathology has been demonstrated with a high rate of resolution. As per ODG, criteria for MRI (magnetic resonance imaging): Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. Review of submitted medical records of injured worker mention about constant pain in the cervical spine. The records are not clear about neurological findings, and there are no red flags. Without such evidence and based on guidelines cited, the request for MRI cervical spine is not medically necessary and appropriate.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI: Thoracic, Lumbar.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter--Magnetic resonance imaging (MRI).

Decision rationale: As per Official Disability Guidelines (ODG) - MRI (magnetic resonance imaging) is indicated for Lumbar spine trauma: trauma, neurological deficit, Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), Uncomplicated low back pain, suspicion of cancer, infection, other "red flags." Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit, Uncomplicated low back pain, prior lumbar surgery, Uncomplicated low back pain, cauda equina syndrome, Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset, Myelopathy, stepwise progressive, Myelopathy, slowly progressive, Myelopathy, infectious disease patient, Myelopathy, oncology patient. Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs, and the treating provider notes no changes in neurological exam, and there are no red flags. Therefore, the request for repeat MRI Lumbar spine is not medically necessary and appropriate.

MRI of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 7th Edition (web), 2012, Shoulder, Indications for imaging - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM Guidelines (2009), (MRI) magnetic resonance imaging of the shoulder should be performed when surgery is being considered, it may be the preferred investigation because it demonstrates soft tissue anatomy better and to further evaluate the possibility of potentially serious pathology. The records are not clear about neurological findings, and there are no red flags. Without such evidence and based on guidelines cited, the request for MRI of the right shoulder is not medically necessary and appropriate.