

Case Number:	CM15-0174697		
Date Assigned:	09/16/2015	Date of Injury:	09/10/2010
Decision Date:	11/13/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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, Pain Management

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 37-year-old male who sustained an industrial injury on 9-10-10. He had complaints of neck, right shoulder, and low back pain. Treatments include: medication, physical therapy, injections and three right shoulder surgeries. Progress report dated 7-13-15 reports continued complaints of neck, right arm and right shoulder pain despite shoulder surgery. He reports right arm pain and numbness in the thumb, right and small finger. Upon exam, he has decreased sensation of the right C6 dermatome and has a positive Spurlings. The pain is rated 5-7 out of 10 with medication and 7-9 out of 10 without medication. Diagnoses include: C5-6 and C6-7 annular tears, right glenohumeral joint degenerative joint disease, GERD, depression and anxiety, right cervical radiculopathy, status post right shoulder dislocation with SLAP tear, status post right shoulder arthroscopy. Plan of care includes: request MRI of cervical spine with flexion and extension, request psychological evaluation, request internal medicine consultation and prescriptions given for Anaprox 550 mg 1 twice per day, #60, Protonix 20 mg 1 twice per day, #60 and Ultram 50 mg 1 twice per day, #60. May undergo random urine toxicology screen. Work status: temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Upper Back Chapter, MRI Topic.

Decision rationale: Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. The ODG stipulate that repeat studies should be reserved for a significant change in pathology. Within the documentation available for review, there is documentation of cervical radiculopathy on electrodiagnostic studies. Furthermore, the requesting provider notes that the patient has decreased sensation in the C6 dermatome. In this case, the repeat MRI is going to be performed under different circumstances as it is a dynamic flexion and extension study as opposed to the previous static studies that were done in 2013 and 2014. Given the clinical examination and the lack of definitive findings from prior MRI studies, it is reasonable to perform a dynamic cervical MRI (as specified in a progress note dated 7/13/15). Given this, the request is medically necessary.

Psychiatry evaluation: 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): Psychological evaluations. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation and treatment, the CA MTUS does not directly address specialty consultation with psychiatry, but psychologic consultation are recommended in chronic pain populations. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In this case, there was a QME performed by a psychologist on 7/23/15. The results indicate that the patient has significantly high level of stress which impair the worker's functional level. There is specific documentation of depressed mood 7 days a week, anhedonia, and sleep difficulty. The patient also endorses low self-worth, difficulty with concentration and suicidal ideation without plan or intent on page 12 of the QME. Given the severity of symptoms, this request is medically necessary.

Internal medicine consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd edition 2004. page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when the plan or course of care may benefit from additional expertise. Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In the case of this injured worker, the rationale for internal medicine consultation is to work-up and address the patient's GERD issue. The note from date of service 7/13/15 documents this rationale. It should be noted that the IMR process determines medical necessity, but does not assess causation and a commentary on whether the GERD is industrially related (i.e., due to medication adverse effect) is beyond the scope of the IMR process. Given this, this request is medically necessary.

Anaprox 550 mg #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anaprox is an NSAID medication. Regarding the request for this NSAID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that this medication is providing some analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale). A progress note from 7/13/15 indicates that without medication the VAS is 7-9/10 but with medication the VAS is 5-7/10. Given this, the current request is medically necessary. It should be noted that there should be routine monitoring for GI, kidney, and cardiac side effects on this medication.

Protonix 20 mg #60: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): 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). In the case of this injured worker, there is documentation of GERD. The worker's only risk factor is single, non-selective NSAID use in the form of Anaprox. Other risk factors above do not apply including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. However, given the diagnosis of GERD, a proton pump inhibitor is appropriate. Given this, this request is medically necessary.

Ultram 50 mg #60: 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): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing Tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Although there is performance of periodic urine drug screen (UDS) and documentation of pain score reduction, these factors by themselves are not sufficient to continue Tramadol. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although Tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.