

<b>Case Number:</b>	CM15-0174793		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	07/09/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 43 year old male, who sustained an industrial injury on 7-9-2013. Medical records indicate the worker is undergoing treatment for cervicgia, shoulder joint pain and headache. A recent progress report dated 7-31-2015, reported the injured worker complained of neck pain radiating down both shoulders, rated 10 out of 10. He also complained of left shoulder pain, left arm numbness and weakness and left hand weakness. Physical examination revealed 5 out of 5 strength and intact sensation. Treatment to date has included chiropractic care, TENS (transcutaneous electrical nerve stimulation), home exercise program and medication management. The physician is requesting cervical spine magnetic resonance imaging, brain magnetic resonance imaging, Cyclobenzaprine 7.5mg #30 and Naproxen 550 mg #60. On 8-18-2015, the Utilization Review noncertified the request for cervical spine magnetic resonance imaging, brain magnetic resonance imaging and Naproxen 550 mg #60 and modified a request for Cyclobenzaprine 7.5mg #30 to #21.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**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 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. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of definitive neurologic deficit on exam or failure of conservative treatment for at least 3 months. In the absence of such documentation, the requested cervical MRI is not medically necessary.

**MRI of the brain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head: MRI (magnetic resonance imaging). (2014).

**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, CT (computed tomography) and MRI (magnetic resonance imaging).

**Decision rationale:** Regarding the request for magnetic resonance imaging (MRI) of the brain, California MTUS does not address the issue. ODG cites that CT is indicated for focal neurologic deficits and MRI is indicated to determine neurological deficits not explained by CT. Within the documentation available for review, there is documentation of some neurologic deficits, no documentation of loss of consciousness, or history of brain injury. Additionally, there is no clear rationale for the use of MRI initially instead of CT. In light of the above issues, the currently requested magnetic resonance imaging (MRI) of the brain is not medically necessary.

**Cyclobenzaprine 7.5mg #30:** 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): Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the

documentation available for review, the patient continues to have 10/10 pain while on cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

**Naproxen 550mg #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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Regarding the request for Naproxen, 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 contradicting data regarding the benefit of Naproxen. One progress note stated the medication is helping with pain and function, but does not provide specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale). A progress note on 7/31/2015, the provider recommended the patient to stop Naproxen as the patient continues to have 10/10 pain. Given this, the current request is not medically necessary.