

Case Number:	CM15-0175488		
Date Assigned:	09/16/2015	Date of Injury:	02/11/2014
Decision Date:	11/09/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/05/2015

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:

The injured worker is a 71 year old male with an industrial injury dated 02-11-2014. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral shoulder impingement with left shoulder adhesive capsulitis, bilateral carpal tunnel syndrome, cervical, thoracic, lumbar myofascial pain, and rule out lumbar and cervical radiculopathy. Treatment consisted of upper extremity nerve conduction report dated 06-12-2015, Magnetic Resonance Imaging (MRI) of thoracic spine and cervical spine on 05-01-2014, prescribed medications, and periodic follow up visits. In a progress report dated 05-27-2015, the injured worker reported cervical pain and head pain with numbness in the head and occiput, limited bilateral range of motion and constant bilateral hand numbness. Physical exam (5-27-2015) revealed tenderness along the forehead, temporal and occipital areas of the head, diffuse tenderness of cervical spine with limited range of motion , positive bilateral impingement signs, hypesthesia in bilateral hands, tenderness throughout thoracolumbar spine and bilateral positive straight leg raises. According to the progress note dated 07-14-2015, the injured worker reported cervical pain and low back pain with left greater than right upper and lower extremity symptoms. The injured worker also reported thoracic pain and right shoulder pain. The injured worker rated cervical and low back pain a 7 out of 10. The injured worker rated thoracic and right shoulder pain a 6 out of 10. The injured worker reported concern for marked decline in range of motion of the left shoulder with decline in activity and function. Records indicate (07-14-2015) that the injured worker failed physical therapy, home exercise program, activity modification, NSAIDs and ice therapy. Objective findings (07-14-2015) revealed bilateral shoulder tenderness with

decreased range of motion , diminished sensation in the left greater than the right C6 and C7 dermatomes, mild weakness in left wrist extensors, tenderness to the lumbar spine with decreased range of motion and positive bilateral straight leg raises. Tenderness to thoracic spine and spasms of the lumboparaspinal musculature and cervical trapezius were also noted on exam. Documentation (7-14-2015) noted that the urine drug screen on 7-14-2015 was in compliance with guidelines. Medical records indicate that the injured worker has been on Cyclobenzaprine and Naproxen since at least 2014. The treating physician prescribed Cyclobenzaprine 7.5 mg #90, Naproxen 550 mg #90, lumbo-sacral orthosis (LSO) brace, transcutaneous electrical nerve stimulation (TENS) unit, MRI lumbar spine, and MRI cervical spine now under review. Utilization Review (UR) determination on 08-03-2015 partially approved the request for Cyclobenzaprine 7.5 mg #81 (original #90) for weaning purposes and non-certified the request for Naproxen 550 mg #90, LSO brace, transcutaneous electrical nerve stimulation (TENS) unit, MRI lumbar spine, and MRI cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #90: 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: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation fails to indicate acute exacerbation or significant objective improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine 7.5 mg #90 is not medically necessary per MTUS guidelines.

Naproxen 550 mg #90: 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: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain,

and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant objective improvement in pain. With MTUS guidelines not being met, the request for Naproxen 550 mg #90 is not medically necessary.

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Inital Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports.

Decision rationale: MTUS states that the use of Lumbar supports to treat low back pain has not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per guidelines, lumbar supports may be recommended as an option for compression fractures and specific treatment of spondylolisthesis and documented instability. Long-term use of lumbar supports is not recommended. Chart documentation shows the injured worker complains of chronic low back pain and there is no report of acute exacerbation of symptoms to justify the use of a lumbar support. The request for LSO brace is not medically necessary per guidelines.

TENS Unit: 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): Transcutaneous electrotherapy.

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should also be submitted. Documentation provided fails to indicate a specific functional restoration program or details regarding significant objective outcomes, in terms of pain relief and function, with trial period of TENS unit. The request for TENS Unit is not medically necessary by MTUS.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. There is lack of physician report indicating that surgery is being considered. The request for MRI study of lumbar spine is not medically necessary per MTUS. The injured worker complains of chronic low back pain. Documentation provided fails to indicate evidence of acute exacerbation of the injured worker's symptoms or objective clinical finding of red flags that would be suspicious of serious spinal pathology. Furthermore, there is lack of physician report indicating that surgery is being considered. The request for MRI lumbar spine is not medically necessary per MTUS.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. The medical necessity for additional imaging has not been established. The request for MRI cervical spine is not medically necessary.