

Case Number:	CM15-0049961		
Date Assigned:	03/23/2015	Date of Injury:	11/21/2011
Decision Date:	05/07/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/16/2015

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: Pennsylvania

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 49 year old female who sustained an industrial injury on 11/21/2011 due to being struck by the hood of a car she was working on. Diagnoses include cervical spine sprain/strain rule out intradiscal disc disruption, cervical radiculopathy more on the left C5 and C6 dermatomes, cervical facet arthropathy more on the left C2 to C6, lumbar sprain/strain rule out intradiscal disc disruption, lumbar facet arthropathy L3-4, L4-5, L5-S1 more on the left, lumbar radiculopathy more on the left L4 and L5 dermatomes, bilateral carpal tunnel syndrome more on the right and bilateral shoulder strain, rule out shoulder impingement syndrome, rule out rotator cuff tear. Treatments have included physical therapy and chiropractic care. MRI of the left shoulder in November 2012 showed supraspinatus tendinitis and acromioclavicular degenerative joint disease. Electromyogram (EMG) of the upper extremities on 9/26/13 was normal, with no findings to support a diagnosis of motor radiculopathy. Nerve conduction studies (NCV) of the upper extremities on 9/26/13 showed evidence of a mild left median sensory nerve neuropathy and possible right median and radial sensory nerve neuropathy. EMG/NCV of the lower extremities on 1/23/14 was normal. Ultrasound of the abdomen on 5/22/13 was normal. In a progress note of 1/7/15, the primary treating physician noted that an updated MRI of the left shoulder was requested due to worsening objective findings; examination showed pain with active range of motion of bilateral shoulders. Currently the injured worker complains of neck pain, upper extremity pain more to the left, tingling and numbness to the hands, left shoulder pain and low back pain. Examination by a pain management consultant on 1/27/15 showed the abdomen to be soft, non-tender, with no

organomegaly or masses; cervical spine had reduced range of motion, pain on palpation of the cervical facets with mild paracervical muscle spasm, axial compression negative, foraminal compression positive on the left; lumbar spine with reduced range of motion, pain over spinous processes and facets, facet loading positive on the left, bilateral positive straight leg raise, Lasegue's positive on the left, bilateral positive Patrick/Faber's; there was decreased sensation in the C5 and C6 dermatome on the right and L4 and L5 dermatome on the left. Examination of the left shoulder showed markedly decreased range of motion, with pain on the acromioclavicular joint and anterior aspect of the glenoid capsule, positive Tinel's sign bilaterally. Treatment plan included left transforaminal epidural steroid injection at L4 and L5, Ultracet, Norflex, Omeprazole due to history of dyspepsia, Gabapentin. The physician noted request for copies of MRIs of cervical and lumbar spine and left shoulder to review. On 2/2/15, the primary treating physician noted that as of the latest clinical visit on 1/9/15, the injured worker reported left shoulder pain that wakes her up at night, with tenderness over the subacromial, acromioclavicular, and periscapular region, with decreased range of motion with crepitus, and positive impingement and cross arm test. Work status was off work. On 2/24/15, Utilization Review (UR) non-certified requests for ultracet 37.5/325 (no quantity specified), norflex 100 mg (no quantity specified), omeprazole 20 mg (no quantity specified), gabapentin 300 mg (no quantity specified), MRI cervical spine, MRI left shoulder, and lumbar MRI. UR cited the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Ultracet contains tramadol and acetaminophen. Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. The documentation suggests that this is a new prescription. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. A urine drug screen was discussed, but there was no discussion of functional goals or opioid contract. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or

indicated. As currently prescribed, ultracet does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Norflex 100mg: Upheld

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

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

Decision rationale: The injured worker was noted to have chronic pain with presence of muscle spasm. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Orphenadrine (norflex) is similar to diphenhydramine, but with greater anticholinergic effects; the mode of action is not clearly understood and effects are thought to be secondary to analgesic and anticholinergic properties. Side effects include drowsiness, urinary retention, and dry mouth; it has been reported in case studies to be abused for euphoria and to have mood-elevating effects. Due to lack of recommendation by the guidelines for use of a sedating muscle relaxant, and unspecified quantity requested, the request for norflex is not medically necessary.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). In this case, there was no documentation of prescription of an NSAID. There are no medical reports, which adequately describe signs and symptoms of possible GI (gastrointestinal) disease. One progress note states that omeprazole was prescribed due to history of dyspepsia; no further details regarding this history were provided. Examination of the abdomen was unremarkable. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which

is not medically necessary or indicated. Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. Due to lack of specific indication and unstated quantity requested, the request for omeprazole is not medically necessary.

Gabapentin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription per the treating physician). There was no documentation of diabetic neuropathy or postherpetic neuralgia. Electrodiagnostics were normal with the exception of findings of mild left carpal tunnel syndrome. Antiepileptic drugs (AEDs) are associated with teratogenicity and should be used with caution in women of childbearing age. There is no evidence that the treating physician has discussed this with this reproductive age female; there was no evidence for informed consent to use a reproductive hazard. The requested prescription is for an unstated quantity; an unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Due to lack of specific indication, unspecified quantity requested, and potential for toxicity, the request for gabapentin is not medically necessary.

MRI of the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-172, 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: MRI.

Decision rationale: Per the MTUS/ACOEM, for most patients presenting with neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. The documentation suggests that prior MRI of the cervical spine had been performed, as the pain management consultant documented request

for a copy of the cervical MRI. No red flags, significant change in symptoms, or findings suggestive of significant pathology were documented and there was no documentation of plan for an invasive procedure. Electrodiagnostics were consistent with carpal tunnel syndrome and negative for upper extremity motor radiculopathy. Physical examination was also consistent with carpal tunnel syndrome. Due to lack of specific indication, the request for MRI of the cervical spine is not medically necessary.

MRI of the Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter: MRI.

Decision rationale: The ACOEM states that for most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. Primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Magnetic resonance imaging (MRI) may be the preferred investigation because it demonstrates soft tissue anatomy better. It is relatively better able to identify or define pathology such as rotor cuff tear, recurrent dislocation, tumor, and infection. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the injured worker had an MRI in November 2012, which showed supraspinatus tendinitis and acromioclavicular degenerative joint disease. Although the physician documented that the updated MRI of the shoulder was requested due to worsening objective findings, the examination findings documented were consistent with the findings on the 2012 MRI. There was no documentation of red flag, soft tissue insult or neurovascular dysfunction, failure to progress with physical therapy, or plan for invasive procedure. Due to lack of documentation of significant change in symptoms or findings suggestive of significant pathology, the request for MRI of the left shoulder is not medically necessary.

MRI of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: MRI.

Decision rationale: The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The ODG states that repeat MRI is indicated when there is significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the documentation suggests that a prior MRI of the lumbar spine was performed, as the pain management consultant documented a request for copy of the lumbar MRI to review; the date and results of this study was not provided. There was no documentation of significant change in symptoms or findings suggestive of significant pathology. No plan for surgery was noted. Examination showed decreased sensation in the left L4 and L5 dermatome. Electrodiagnostic studies of the lower extremities in January 2014 were normal; more recent electrodiagnostic studies were not provided. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. As such, the request for lumbar MRI is not medically necessary.