

Case Number:	CM15-0066770		
Date Assigned:	04/14/2015	Date of Injury:	03/13/2013
Decision Date:	06/30/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/08/2015

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

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 50 year old male, who sustained an industrial injury on 3/13/2013. He reported falling backward, injuring his head, back and arms. Diagnoses have included C5-6 disc osteophyte complex with myeloradiculopathy, carpal tunnel syndrome, probable absence seizure and shoulder bursitis. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 3/12/2015, the injured worker complained of ongoing daily neck pain with pain radiating into the shoulders, through the bicep regions, inner forearms and into the thumb and index fingers with corresponding numbness/tingling. He complained of daily headaches and head tremors. He complained of memory issues and difficulty concentrating. Physical exam revealed torticollis and titubation. He was wearing a soft collar. Authorization was requested for Norco, Robaxin, physical therapy and steroid injection for right carpal tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with neck pain radiating into the shoulders rated 9/10 and wrist pain rated 8/10. The request is for NORCO 10/325MG, #120. The request for authorization is not provided. MRI of the cervical spine, 01/27/15, shows cervical spondylosis, most severe at the C5-6 level with a moderated disk osteophyte complex resulting in mild to moderate central stenosis with flattening of the cervical cord. There is severe left-sided and moderate right-sided foraminal narrowing. Physical examination of the neck reveals the patient has titubation and torticollis. Sensory exam shows right greater than left C5-6 distribution sensory loss. He is wearing a soft collar. Exam of the bilateral upper and lower limbs reveals positive Tinel's and Phalen's on the right, but there is no atrophy about the hand or weakness of the median muscles of the thumb. Grip strength reported in pounds using the Jamar appliance in the second position shows that the patient is unable to move the needle off the peg on either side. Patient's medications include Norco and Robaxin. Per progress report dated 03/02/15, the patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. The patient has been prescribed Norco since at least 12/17/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. Therefore, given the lack of documentation as required by MTUS, the request WAS NOT medically necessary.

Robaxin 500mg, #120: Upheld

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

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

Decision rationale: The patient presents with neck pain radiating into the shoulders rated 9/10 and wrist pain rated 8/10. The request is for ROBAXIN 500MG, #120. The request for authorization is not provided. MRI of the cervical spine, 01/27/15, shows cervical spondylosis, most severe at the C5-6 level with a moderated disk osteophyte complex resulting in mild to moderate central stenosis with flattening of the cervical cord. There is severe left-sided and moderate right-sided foraminal narrowing. Physical examination of the neck reveals the patient

has titubation and torticollis. Sensory exam shows right greater than left C5-6 distribution sensory loss. He is wearing a soft collar. Exam of the bilateral upper and lower limbs reveals positive Tinel's and Phalen's on the right, but there is no atrophy about the hand or weakness of the median muscles of the thumb. Grip strength reported in pounds using the Jamar appliance in the second position shows that the patient is unable to move the needle off the peg on either side. Patient's medications include Norco and Robaxin. Per progress report dated 03/02/15, the patient is permanent and stationary. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS page 63-66 under Antispasmodics for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Treater does not specifically discuss this medication. The patient has been prescribed Robaxin since at least 12/17/14. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. However, Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for additional quantity 120 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

Physical Therapy, quantity 8 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with neck pain radiating into the shoulders rated 9/10 and wrist pain rated 8/10. The request is for PHYSICAL THERAPY, QUANTITY 8 SESSIONS. The request for authorization is not provided. MRI of the cervical spine, 01/27/15, shows cervical spondylosis, most severe at the C5-6 level with a moderated disk osteophyte complex resulting in mild to moderate central stenosis with flattening of the cervical cord. There is severe left-sided and moderate right-sided foraminal narrowing. Physical examination of the neck reveals the patient has titubation and torticollis. Sensory exam shows right greater than left C5-6 distribution sensory loss. He is wearing a soft collar. Exam of the bilateral upper and lower limbs reveals positive Tinel's and Phalen's on the right, but there is no atrophy about the hand or weakness of the median muscles of the thumb. Grip strength reported in pounds using the Jamar appliance in the second position shows that the patient is unable to move the needle off the peg on either side. Patient's medications include Norco and Robaxin. Per progress report dated 03/02/15, the patient is permanent and stationary. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. In this case, given the patient's condition, a short course of physical therapy would be indicated. Review of provided medical

records show patient has not had any prior physical therapy sessions. Therefore, the request IS medically necessary.

Steroid Injection Right Carpal tunnel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hand chapter, Injection.

Decision rationale: The patient presents with neck pain radiating into the shoulders rated 9/10 and wrist pain rated 8/10. The request is for STEROID INJECTION RIGHT CARPAL TUNNEL. The request for authorization is not provided. MRI of the cervical spine, 01/27/15, shows cervical spondylosis, most severe at the C5-6 level with a moderated disk osteophyte complex resulting in mild to moderate central stenosis with flattening of the cervical cord. There is severe left-sided and moderate right-sided foraminal narrowing. Physical examination of the neck reveals the patient has titubation and torticollis. Sensory exam shows right greater than left C5-6 distribution sensory loss. He is wearing a soft collar. Exam of the bilateral upper and lower limbs reveals positive Tinel's and Phalen's on the right, but there is no atrophy about the hand or weakness of the median muscles of the thumb. Grip strength reported in pounds using the Jamar appliance in the second position shows that the patient is unable to move the needle off the peg on either side. Patient's medications include Norco and Robaxin. Per progress report dated 03/02/15, the patient is permanent and stationary. ODG guidelines, under Carpal tunnel release, Injection with anesthetics and/or steroids, states that "Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work." ODG guidelines, under Hand Chapter, recommend "injections for Trigger finger and for de Quervain's tenosynovitis." Per progress report dated 03/02/15, treater's reason for the request is "Steroid injection in the right carpal tunnel as recommended by [REDACTED] QME report." Per QME report dated 12/10/14, treater states "He might possible profit even further from a steroidal injection in the carpal tunnel on the right." In this case, the patient is diagnosed with carpal tunnel syndrome and physical examination reveals positive Tinel's and Phalen's on the right. However, the patient does not present with trigger finger or de Quervain's tenosynovitis for which the injection may be indicated. Therefore, the request IS NOT medically necessary.