

<b>Case Number:</b>	CM15-0072039		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/19/2010
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 43 year old female, who sustained an industrial injury on 07/19/2010. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies (including physical therapy for the right upper extremity and cervical spine), and nerve conduction studies. Currently, the injured worker complains of chronic right upper extremity pain radiating from the neck. The injured worker reported that her Norco helps relieve the pain in the right upper extremity but does not provide any relief of the neck and shoulder pain. The diagnoses include cervical stenosis, migraine, and cervical radiculopathy. The treatment plan consisted of cervical epidural steroid injections, osteopathic manipulative therapy, 6 sessions of physical therapy for the cervical spine, and a new prescription for Duexis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CESI (Cervical epidural steroid injection):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

**Decision rationale:** The patient presents with neck pain radiating to upper extremity. The request is for CESI (cervical steroid injection). The request for authorization is dated 04/03/15. Physical examination of the cervical spine reveals severe PVMS in right upper cervical region. Full active range of motion, but pain noted at endpoints. DTR 2/4 throughout, and decreased sensation in C6/7/8 dermatomes on right. Pain has had a significant effect on her daily activities since she is unable to put pressure on her neck. She also reports severe migraines which occur weekly, are debilitating. She reports that she was making significant gains in treatment with PT, however, this was stopped by insurance. Patient's medications include Norco and birth control pills. Patient's work status is not provided. The MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Per progress report dated 03/17/15, treater's reason for the request is "We will attain MRI records to fully assess location of dysfunction. Once this is present, she will require a CESI which will likely reduce radicular symptoms and pain." However, MRI of the cervical spine has not been made available to the treater or provided for reiew. Radiculopathy is not documented with lack of dermatomal distribution of pain along with physical examination findings corroborated by MRI findings. MTUS states on p 46, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." Furthermore, the treater does not specify the intended level to be injected. Therefore, the request IS NOT medically necessary.

**OMT (Osteopathic manipulative therapy):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Pain Outcomes and Endpoints Page(s): 58-59, 8-9.

**Decision rationale:** The patient presents with neck pain radiating to upper extremity. The request is for OMT (osteopathic manipulative therapy). The request for authorization is dated 04/03/15. Physical examination of the cervical spine reveals severe PVMS in right upper cervical region. Full active range of motion, but pain noted at endpoints. DTR 2/4 throughout, and decreased sensation in C6/7/8 dermatomes on right. Pain has had a significant effect on her daily activities since she is unable to put pressure on her neck. She also reports severe migraines which occur weekly, are debilitating. She reports that she was making significant gains in treatment with PT; however, this was stopped by insurance. Patient's medications include Norco and birth control pills. Patient's work status is not provided. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to

work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater does not discuss this request. In this case, chiropractic treatment history is unknown as no documentation has been provided. Given the patient's diagnosis, a short course of OMT would be reasonable. However, the request is unspecified with respect to frequency, duration, and body part. Due to insufficient information available for assessment, a determination cannot be made. Therefore, the request IS NOT medically necessary.

**Physical Therapy x 6 sessions, cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**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 to upper extremity. The request is for physical therapy x 6 sessions, cervical. The request for authorization is dated 04/03/15. Physical examination of the cervical spine reveals severe PVMS in right upper cervical region. Full active range of motion, but pain noted at endpoints. DTR 2/4 throughout, and decreased sensation in C6/7/8 dermatomes on right. Pain has had a significant effect on her daily activities since she is unable to put pressure on her neck. She also reports severe migraines which occur weekly, are debilitating. She reports that she was making significant gains in treatment with PT, however, this was stopped by insurance. Patient's medications include Norco and birth control pills. Patient's work status is not provided. 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." Per progress report dated 03/17/15, treater's reason for the request is "I highly recce further PT for which patient was making significant gains." In this case, given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Per physical therapy report dated 12/10/14, the patient scheduled for 10 authorized visits of physical therapy. The request for 6 additional sessions of physical therapy would exceeds what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.

**Duexis #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67, 68, 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Duexis (ibuprofen & famotidine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories NSAIDs against both GI and cardiovascular risk Page(s): 22, 68-69.

**Decision rationale:** The patient presents with neck pain radiating to upper extremity. The request is for Duexis #90. The request for authorization is dated 04/03/15. Physical examination of the cervical spine reveals severe PVMS in right upper cervical region. Full active range of motion, but pain noted at endpoints. DTR 2/4 throughout, and decreased sensation in C6/7/8 dermatomes on right. Pain has had a significant effect on her daily activities since she is unable to put pressure on her neck. She also reports severe migraines which occur weekly, are debilitating. She reports that she was making significant gains in treatment with PT, however, this was stopped by insurance. Patient's medications include Norco and birth control pills. Patient's work status is not provided. Per FDA label indication, Duexis is a combination of the NSAID Ibuprofen and the histamine H2-receptor antagonist famotidine indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications. The clinical trials primarily enrolled patients less than 65 years of age without a prior history of gastrointestinal ulcer. MTUS Guidelines page 22 states "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." For Famotidine, MTUS page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Treater does not specifically discuss this medication. In this case, it appears the treater is starting a trial of Duexis for the patient. However, MTUS does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. Review of medical records do not show GI risk assessment, or documentation of GI issues such as GERD, gastritis or peptic ulcer, for which histamine H2-receptor antagonist such as Famotidine would be indicated. Treater does not discuss why a combination medication is required, either. Therefore, the request IS NOT medically necessary.