

<b>Case Number:</b>	CM15-0090453		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Ohio, 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 47 year old female, who sustained an industrial injury on 11/13/2013. Diagnoses include cervical spine sprain/strain, thoracic spine sprain/strain, left shoulder tenderness and impingement (magnetic resonance angiography (MRA) 1/24/2014). Treatment to date has included diagnostics, medications, injections, acupuncture and physical therapy. Magnetic resonance imaging (MRI) of the cervical spine (2/03/2014) which revealed reversal of the normal cervical lordosis with multilevel disc degeneration, mild central canal narrowing and multilevel mild to moderate foraminal narrowing. Per the handwritten Primary Treating Physician's Progress Report dated 4/22/2015, the injured worker reported neck pain with radiation to the left upper extremity and left shoulder pain. Physical examination revealed tenderness to the left shoulder and cervical spine. The plan of care included medications and diagnostics and authorization was requested for Anaprox DS 550mg and Sonata 10mg and magnetic resonance imaging (MRI) of the cervical spine and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg QTY: 60.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

**Decision rationale:** MTUS recommends anti-inflammatories as first-line medications for chronic musculoskeletal pain as long as benefits outweigh risks. A prior physician review concluded that MTUS does not permit use of NSAID on a long-term basis; this conclusion is not supported by MTUS. The records discuss ongoing benefits of NSAIDs and lack of side effects sufficient to permit physician discretion in continuing use of this medication. This request is medically necessary.

**Sonata 10mg QTY: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia, Sonata.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia.

**Decision rationale:** ODG recommends pharmacological treatment of insomnia only after careful evaluation of the cause of insomnia and generally only for short-term use. The records contain very limited discussion of the rationale for this request or the effectiveness of this treatment. The request is not medically necessary.

**MRI of the cervical spine QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** MTUS/ACOEM recommends MRI CSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. This guideline particularly recommends MRI CSPINE to validate the diagnosis of nerve root compromise based on clear history and physical exam findings in preparation for an invasive procedure. The records do not document such red flag findings at this time. The rationale/indication for the requested cervical MRI is not apparent. This request is not medically necessary.

**MRI of the left shoulder QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 209.

**Decision rationale:** ACOEM guidelines do not recommend relying primarily on imaging studies to evaluate the source of shoulder symptoms given the risk of false positive findings. At this time the records do not provide a clear differential diagnosis to provide a clinical rationale and clinical decision pathway to support the requested shoulder imaging. Therefore this requested study is not medically necessary.