

Case Number:	CM15-0090697		
Date Assigned:	05/18/2015	Date of Injury:	04/28/2011
Decision Date:	06/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 30-year-old female, who sustained an industrial injury on 04/28/2011. She reported that while pushing a door by the handle to her work facility from outside, her left hand slipped between the handle and the door with the wind blowing the door open causing it to pull on her left upper extremity. She subsequently sustained injuries to the left wrist, elbow, shoulder, scapular/upper thoracic spine, and cervical spine with headaches. The injured worker was diagnosed as having acute pain, chronic pain, cervicgia, cervical sprain/strain, post-traumatic acute on chronic pre-syncope, cervico/brachial syndrome, and rotator cuff tear post-surgical status. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, x-rays of the left wrist, medication regimen, electromyogram, above listed procedure, and physical therapy. In a progress note dated 04/04/2015 the treating physician reports complaints of dull to sharp pain to the cervical/thoracic spine and the left upper extremity along with sporadic headaches noted with heavy pressure. Examination is revealing for tenderness to palpation of the spine and extremities, along with a decreased bilateral pinwheel testing of the cervical spine. The pain is rated a 5 to 6 with occasionally an 8 out of 10 to the cervical/thoracic spine, a 5 to 6 to an 8 out of 10 to the left shoulder, left elbow, and left wrist, and a 9 out of 10 for the headaches. The injured worker's current medication regimen included Ibuprofen, Lyrica, Gabapentin, Tramadol, and Hydrocodone. The progress note indicates that the injured worker has partial relief from Hydrocodone, but the documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of this medication and after use of this medication to indicate the effects with the use of Hydrocodone. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of Hydrocodone. The treating physician requested Vicodin 5mg with a quantity of 90 and a magnetic resonance imaging of the cervical

spine, but did not indicate the specific reason for the requested medication and study.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Workers' Compensation, Treatment Index and Reed Group/The Medical Disability Advisor.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-178, Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6.

Decision rationale: The MTUS criteria for Cervical MRI include: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. When surgery is being considered for a specific anatomic defect. To further evaluate the possibility of potentially serious pathology, such as a tumor. Reliance on imaging studies alone to evaluate the source of neck or upper. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The injured worker sustained a work related injury on 04/28/2011. The medical records provided indicate the diagnosis of acute pain, chronic pain, cervicgia, cervical sprain/strain, post-traumatic acute on chronic pre-syncope, cervico/brachial syndrome, and rotator cuff tear post-surgical status. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, x-rays of the left wrist, medication regimen, electromyogram, above listed procedure, and physical therapy. The medical records provided for review do not indicate a medical necessity for MRI of the cervical spine. The medical records indicate the utilization reviewer disputed the requested test because the request did not specify the disease condition for which the request was made. Also, a 05/2014 neurological evaluation indicates the injured worker suffers from a several disorders of the upper limb, including polyneuropathy, for which the neurologist believes are not work related, but should be treated by outside workers compensation. The MTUS recommends that the management of the occupational injury patient be done in the context of thorough history (including review of medical records) and through examination and diagnosis. Therefore, without specifying the diagnosis for which the test is being requested, it is difficult to determine the appropriateness of the test. Therefore, the request is not medically necessary.

Vicodin 5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): s 78-81.

Decision rationale: The injured worker sustained a work related injury on 04/28/2011. The medical records provided indicate the diagnosis of acute pain, chronic pain, cervicalgia, cervical sprain/strain, post-traumatic acute on chronic pre-syncope, cervico/brachial syndrome, and rotator cuff tear post-surgical status. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, x-rays of the left wrist, medication regimen, electromyogram, above listed procedure, and physical therapy. The medical records provided for review do not indicate a medical necessity for Vicodin 5mg #90. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been on treatment with opioids since 2013 with no overall improvement. The injured worker is not properly monitored for pain relief, activities of daily living, aberrant behavior.