

Case Number:	CM15-0091039		
Date Assigned:	05/15/2015	Date of Injury:	10/17/2011
Decision Date:	07/09/2015	UR Denial Date:	04/08/2015
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: 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 was a 66-year-old female, who sustained an industrial injury, October 17, 2011. The injured worker previously received the following treatments lumbosacral spine x-ray, random toxicology laboratory study, 2 level fusion at L3-L5, Flexeril, Norco, Omeprazole, Aspirin, Celebrex, Tramadol, random toxicology laboratory studies negative for unexpected findings on November 17, 2014 and status post L4-KL5 and L5-S1 decompression, fusion and instrumentation. The injured worker was diagnosed with low back pain, lumbago, cervical pain, cervicgia, shoulder region pain in the wrist and forearm, post laminectomy syndrome and status post L4-KL5 and L5-S1 decompression, fusion and instrumentation. According to progress note of April 9, 2015, the injured worker's was having a 6-month follow-up surgical visit. The injured worker was eager to get back into a routine. The injured worker denied any leg pain, numbness, tingling or weakness. The physical exam noted no tenderness over the operative site. The lumbar flexibility was reduced by 40%. The nerve stretch tests were negative. The thigh and calf circumferences were symmetrical. The lower extremity examination demonstrated motor strength of 5 out of 5 in all muscle groups. The progress note of March 11, 2015, right shoulder there was tenderness of the subacromial space, tenderness bicipital groove and pain resisted abduction and pain with resisted biceps flexion. The range of motion of the shoulder decreased abduction and pain with abduction, decreased shoulder flexion and pain with shoulder flexion. The left upper extremity had tenderness with palpation of the shoulder tenderness of the acromial space and pain with resisted abduction. The range of motion of the left shoulder was decrease with flexion. The cervical spine was tender with decreased flexion, extension, rotation and left and right lateral bending. The new x-rays showed perfect placement of the anterior and posterior construct at L4-L5 and L5-S1. The treatment plan included multi branch block facet times 4, cervical, thoracic spine with an anesthesiology, Ultracet, Voltaren Gel and right shoulder MRI and right wrist x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37. 5/325mg, per 03/25/2015, quantity 120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid, Online version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: Based on the 3/11/15 progress report provided by the treating physician, this patient presents with right shoulder pain, biceps pain, neck pain, and back pain with pain rated 7/10 on VAS scale without medications. The treater has asked for ULTRACET 37. 5/325MG, PER 03/25/2015, QUANTITY 120 on 3/11/15. The request for authorization was not included in provided reports. Per C-spine MRI of unspecified date, the patient has moderate to severe compression at neural foramina due to retrolisthesis and degenerative disc disease at C3-4 and C4-5, facet arthropathy at C5-6, and disc narrowing, bulging, facet hypertrophy, and compression at neural foramina at C6-7 per 3/11/15 report. The original C-spine MRI report was not included in the documentation provided. The patient does not want to consider surgical intervention at this time but is willing to consider radiofrequency rhizotomy per 3/11/15 report. The patient's current medications include pravastatin, flexeril, amiodipine, ultracet, prilosec, aspir-81 oral, voltaren gel 1%, levitra per 3/11/15 report. The patient is s/p lumbar fusion from November 2014 and is ambulating with a cane per 2/5/15 report. The patient is currently unable to take oral NSAIDs, as they will compromise the fusion per 3/11/15 report. The patient has increasing pain/difficulty with motion of left thumb per 2/10/15 report. The patient is unable to work and permanently disabled per 2/10/15 report. Regarding medications for chronic pain MTUS Guidelines pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." As of 1/13/15 report, patient was taking Norco. As of 2/10/15 report, patient was not on opioids, as he "discontinued all narcotics and is getting by with OTC Tylenol per 2/5/15 report." As of requesting 3/11/15 report, patient is currently being prescribed Ultracet to start on 3/11/15 and to end on 5/9/15. Review of the reports does not show any evidence of Ultracet being taken in the past. In regard to the prescription of Ultracet the request is indicated. This is the initiating prescription of this medication. A trial of Ultracet appears reasonable for patient's ongoing chronic pain condition. Therefore, the request IS medically necessary.

Voltaren Gel 1% 100gm, per 03/25/2015, quantity 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical

analgesic Page(s): 111-113.

Decision rationale: Based on the 3/11/15 progress report provided by the treating physician, this patient presents with right shoulder pain, biceps pain, neck pain, and back pain with pain rated 7/10 on VAS scale without medications. The treater has asked for VOLTAREN GEL 1% 100GM, PER 03/25/2015, QUANTITY 5 on 3/11/15. The request for authorization was not included in provided reports. Per C-spine MRI of unspecified date, the patient has moderate to severe compression at neural foramina due to retrolisthesis and degenerative disc disease at C3-4 and C4-5, facet arthropathy at C5-6, and disc narrowing, bulging, facet hypertrophy, and compression at neural foramina at C6-7 per 3/11/15 report. The original C-spine MRI report was not included in the documentation provided. The patient does not want to consider surgical intervention at this time but is willing to consider radiofrequency rhizotomy per 3/11/15 report. The patient's current medications include pravastatin, flexeril, amiodipine, ultracet, prilosec, aspirin-81 oral, voltaren gel 1%, levitra per 3/11/15 report. The patient is s/p lumbar fusion from November 2014 and is ambulating with a cane per 2/5/15 report. The patient is currently unable to take oral NSAIDs, as they will compromise the fusion per 3/11/15 report. The patient has increasing pain/difficulty with motion of left thumb per 2/10/15 report. The patient is unable to work and permanently disabled per 2/10/15 report. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. " The patient is unable to take oral NSAIDs for a year to allow for bone healing after his November 2014 lumbar fusion per 2/10/15 report. The patient gets good relief from Voltaren gel and would like to continue per 1/13/15 report. The patient is using Voltaren gel in reports dated 1/13/15, 2/5/15 and 3/11/15. The requesting provider documents that this patient experiences benefits from this medication. However, guidelines do not support the use of topical NSAIDs such as Voltaren gel for spine, hip, or shoulder pain; as they are only supported for peripheral joint arthritis and tendinitis. Without evidence of the presence of peripheral joint complaints amenable to topical NSAIDs, use of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

MRI of the Right Shoulder per 03/25/2015, quantity 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

Decision rationale: Based on the 3/11/15 progress report provided by the treating physician, this patient presents with right shoulder pain, biceps pain, neck pain, and back pain The treater has asked for MRI OF THE RIGHT SHOULDER PER 03/25/2015, QUANTITY 1 on 3/11/15. The requesting 3/11/15 report states: "had biceps reattached at a different place and it is not as functional we would like to see if it is still attached and if there is an issue". The request for

authorization was not included in provided reports. Per C-spine MRI of unspecified date, the patient has moderate to severe compression at neural foramina due to retrolisthesis and degenerative disc disease at C3-4 and C4-5, facet arthropathy at C5-6, and disc narrowing, bulging, facet hypertrophy, and compression at neural foramina at C6-7 per 3/11/15 report. The original C-spine MRI report was not included in the documentation provided. The patient does not want to consider surgical intervention at this time but is willing to consider radiofrequency rhizotomy per 3/11/15 report. The patient's current medications include pravastatin, flexeril, amiodipine, ultracet, prilosec, aspirin-81 oral, voltaren gel 1%, levitra per 3/11/15 report. The patient is s/p lumbar fusion from November 2014 and is ambulating with a cane per 2/5/15 report. The patient is currently unable to take oral NSAIDs, as they will compromise the fusion per 3/11/15 report. The patient has increasing pain/difficulty with motion of left thumb per 2/10/15 report. The patient is unable to work and permanently disabled per 2/10/15 report.

ACOEM guidelines has the following regarding shoulder MRI: (pp207-208): "Primary criteria for ordering imaging studies : Physiologic evidence of tissue insult or neurovascular dysfunction (e. g. , cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon). " Furthermore, ODG guidelines states "Recommended" with indications of acute shoulder trauma; suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; sub acute shoulder pain; and suspect instability/labral tear. The treater is recommending shoulder MRI and biceps tendon at origin ?to see if it is still attached and if there is an issue as pain is right there "he does not want to consider left shoulder surgery due to bad left wrist and trouble with rehab of right shoulder. " In reviewing of the provided reports, do not show evidence of prior MRI of the shoulder. In this case, the patient has shoulder pain, age > 40, but no shoulder X-ray is provided. However, the patient has failed conservative care with persistent severe pain, reduced range of motion, and positive orthopedic tests. The patient has persistent pain due to a problem with reattachment of biceps tendon, and an investigation with an MRI appears medically reasonable; therefore, this request IS medically necessary.

X-ray of the Right Wrist, per 03/25/2015, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist & Hand (Acute & Chronic) chapter, Radiography.

Decision rationale: Based on the 3/11/15 progress report provided by the treating physician, this patient presents with right shoulder pain, biceps pain, neck pain, and back pain The treater has asked for X-RAY OF THE RIGHT WRIST, PER 03/25/2015, QUANTITY 1 on 3/11/15. The requesting 3/11/15 report further specifies request: "while not part of the original injury the right wrist has become problematic as he overcompensates using it as his left shoulder/wrist are in bad shape. " The request for authorization was not included in provided reports. Per C-spine MRI of unspecified date, the patient has moderate to severe compression at neural foramina due to retrolisthesis and degenerative disc disease at C3-4 and C4-5, facet arthropathy at C5-6, and disc narrowing, bulging, facet hypertrophy, and compression at neural foramina at C6-7 per 3/11/15 report. The original C-spine MRI report was not included in the documentation provided. The patient does not want to consider surgical intervention at this time but is willing to consider radiofrequency rhizotomy per 3/11/15 report. The patient's current medications include pravastatin, flexeril, amiodipine, ultracet, prilosec, aspirin-81 oral, voltaren gel 1%, levitra

per 3/11/15 report. The patient is s/p lumbar fusion from November 2014 and is ambulating with a cane per 2/5/15 report. The patient is currently unable to take oral NSAIDs, as they will compromise the fusion per 3/11/15 report. The patient has increasing pain/difficulty with motion of left thumb per 2/10/15 report. The patient is unable to work and permanently disabled per 2/10/15 report. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out. " Regarding wrist/hand X-ray, ACOEM guidelines, state indications for x-ray are as follow: 1. tenderness of the snuffbox -radial-dorsal wrist, 2. an acute injury to the metacarpophalangeal joint of the thumb, 3. peripheral nerve impingement, and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections. ODG guidelines, chapter 'Forearm, Wrist & Hand (Acute & Chronic)' and topic 'Radiography', recommend x-rays to "For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon. " The treater recommends right wrist X-ray because "while not part of the original injury, the right wrist has become problematic as he overcompensates using it as his left shoulder/wrist are in bad shape" per 3/11/15 report. There is no record of any prior right wrist x-rays per review of reports. In this case, physical examination on 3/11/15 shows no abnormalities to the right wrist. Physical examination on 2/10/15 shows "right upper extremity" normal wrist. There is no documentation of subjective pain in the right wrist either. Due to lack of documentation of medically necessity, the request IS NOT medically necessary.

MBB/Facets, Cervical/Thoracic Spine, per 03/25/2015, quantity 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, under Facet joint diagnostic blocks Neck chapter, Facet therapeutic steroid injections topic.

Decision rationale: Based on the 3/11/15 progress report provided by the treating physician, this patient presents with right shoulder pain, biceps pain, neck pain, and back pain The treater has asked for MBB/FACETS, CERVICAL/THORACIC SPINE, PER 03/25/2015, QUANTITY 4 on 3/11/15. The request for authorization was not included in provided reports. Per C-spine MRI of unspecified date, the patient has moderate to severe compression at neural foramina due to retrolisthesis and degenerative disc disease at C3-4 and C4-5, facet arthropathy at C5-6, and disc narrowing, bulging, facet hypertrophy, and compression at neural foramina at C6-7 per 3/11/15 report. The original C-spine MRI report was not included in the documentation provided. The patient does not want to consider surgical intervention at this time but is willing to consider radiofrequency rhizotomy per 3/11/15 report. The patient's current medications include pravastatin, flexeril, amiodipine, ultracet, prilosec, aspirin-81 oral, voltaren gel 1%, levitra per 3/11/15 report. The patient is s/p lumbar fusion from November 2014 and is ambulating with a cane per 2/5/15 report. The patient is currently unable to take oral NSAIDs, as they will compromise the fusion per 3/11/15 report. The patient has increasing pain/difficulty with motion of left thumb per 2/10/15 report. The patient is unable to work and permanently disabled per 2/10/15 report. MTUS/ACOEM Neck Complaints, Chapter 8, page 174-175, under Initial Care states: for Invasive techniques (e. g. , needle acupuncture

and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. ODG-TWC, Neck and Upper Back Chapter, under Facet joint diagnostic blocks states: "Recommended prior to facet neurotomy -a procedure that is considered "under study". Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block - MBB. Criteria for the use of diagnostic blocks for facet nerve pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment -including home exercise, PT and NSAIDs- prior to the procedure for at least 4-6 weeks. 4. No more than 2 joint levels are injected in one session. Regarding medial branch block, ODG guidelines under Neck chapter, Facet therapeutic steroid injections topic states that "1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." In this case, the patient has not had a prior medial branch block. The treater is requesting "cervical medial branch block to evaluate for radiofrequency ablation" per 3/11/15 report. The patient is not willing to consider surgical intervention but is willing to attempt radiofrequency ablation per 3/11/15 report. However, ODG only supports 2 level investigation, and the request is for 4 injections. In addition, the treater does not specify the levels for the injections. Furthermore, the RF ablation of thoracic facet joints or DM B is not supported by the ODG guidelines. Therefore, the request IS NOT medically necessary.