MAXIMUS Federal Services

Case Number:	CM15-0097784		
Date Assigned:	05/28/2015	Date of Injury:	06/15/2005
Decision Date:	07/02/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/20/2015

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
Certification(s)/Specialty: Internal 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 35-year-old female who sustained an industrial injury on June 15, 2005. The injured worker was diagnosed as having carpal tunnel syndrome bilaterally status post decompression with nerve studies showing residual findings bilaterally more on the right than the left, discogenic cervical condition with the MRI from 2011 showing bulging and C5-C6 and C6-C7 foraminal narrowing with electromyography (EMG) in 2012 showing no radiculopathy, discogenic lumbar condition with MRI from December 2012 showing L5-S1 bulging of 4mm and protrusion at T11-T12, epicondylitis bilaterally status post injection once to each lateral epicondyle, ulnar nerve neuritis on the right status post injection once, carpometacarpal (CMC) joint inflammation of the thumb bilaterally, and weight gain of 35 pounds and an element of depression due to chronic pain with activity. Treatment and evaluation to date has included MRIs, electromyography (EMG), injections, and medication. Reports from January 2014 to April 2015 show ongoing neck and back pain and headaches. Muscle relaxants (flexeril or norflex) have been prescribed since January of 2014. Proton pump inhibitors (protonix or Prilosec) have been prescribed since January 2014. Examination in March 2015 showed tenderness along the top of the thigh with decreased sensation, tenderness across the lumbar paraspinal muscles and pain with facet loading, and otherwise intact neurologic examination. Currently, the injured worker complains of neck, bilateral shoulders, wrists, elbows, and low back pain, with headaches. The treating physician's report dated April 10, 2015, noted the injured worker was taking medication to be functional, using Oxycodone for short acting pain relief. Current medications include prilosec, norflex, naproxen, oxycontin, and oxycodone. The

physical examination was noted to show tenderness along the cervical and lumbar paraspinal muscles bilaterally. The injured worker was currently working without restrictions and going to school. The treatment plan was noted to include requests for authorization for Prilosec, Norflex, a MRI of the cervical and lumbar spine, transcutaneous electrical nerve stimulation (TENS) unit with conductive garment, neck pillow, and cervical traction with air bladder. On 4/20/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead tens unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is a modality that can be used in the treatment of chronic pain. Transcutaneous electrical nerve stimulation (TENS) devices are the most commonly used; other devices are distinguished from TENS based on their electrical specifications. The MTUS specifies that TENS is not recommended as a primary modality but a one-month home based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration for certain conditions, including neuropathic pain, complex regional pain syndrome, phantom limb pain, spasticity in spinal cord injury, multiple sclerosis, and acute post-operative pain. None of these conditions were documented to be present for this injured worker. A treatment plan with the specific short and long-term goals of treatment with the TENS unit should be submitted. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The physician reports do not address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS. One progress note from May of 2014 notes that the injured worker had access to a TENS, but there was no further discussion about use of a tens unit. Given the lack of clear indications in this injured worker, and the lack of any clinical trial or treatment plan per the MTUS, a TENS unit is not medically necessary.

Cervical traction with air bladder: 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), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: The ACOEM Guidelines 2nd Edition does not support traction for neck conditions. In Chapter 8, Page 181 cervical traction is Not Recommended. This injured worker has chronic neck pain and headaches. As cervical traction is not recommended by the guidelines, the request for cervical traction with air bladder is not medically necessary.

Cervical pillow: 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), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Neck and upper back chapter, Pillow.

Decision rationale: The MTUS does not provide direction for the use of a cervical pillow. The Official Disability Guidelines cited above recommend a cervical pillow in combination with a daily exercise program. These guidelines refer to treatment by health professionals who teach both exercise and the appropriate use of a pillow, and go on to state that using a pillow without this specific exercise program is not effective. This injured worker has chronic neck pain. There was no documentation of a daily exercise program or of current participation in a physical therapy program. The pillow as prescribed, as a stand-alone treatment, is not medically necessary. As such, the request for cervical pillow is not medically necessary.

MRI without contrast for lumbar and cervical spine: 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), Lower Back (Acute & Chronic); Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): ch 8 p. 170-172, 177-179, 182; ch 12 p. 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter, low back chapter: MRI.

Decision rationale: The ACOEM guidelines low back chapter states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study.

Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Computed tomography or MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative. The ACOEM neck and upper back chapter states that for most patients presenting with neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans. The ODG states that repeat MRI is indicated when there is significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the injured worker has chronic neck and back pain. No red flag conditions were documented. Neurological examination was minimal and there was no documentation of specific neurological deficits. The injured worker has had prior MRI of both the cervical and lumbar spine, without documentation of re-injury or of change in symptoms or findings, with no findings suggestive of significant pathology documented. As such, the request for MRI without contrast for lumbar and cervical spine is not medically necessary

Orphenadrine 100mg #60: Upheld

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

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

Decision rationale: This injured worker has chronic neck and back pain. Muscle relaxants (with reports noting use of either norflex or flexeril since January 2014) have been prescribed for more than one year. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. Orphenadrine (Norflex) is similar to diphenhydramine, but with greater anti-cholinergic effects; the mode of action is not clearly understood and effects are thought to be secondary to analgesic and anti-cholinergic properties. Side effects include drowsiness, urinary retention, and dry mouth; it has been reported in case studies to be abused for euphoria and to have mood-elevating effects. Due to length of use in excess of the guideline recommendations, the request for orphenadrine is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed naproxen, a non-steroidal anti-inflammatory medication (NSAID), and prilosec, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors have been documented for this injured worker. Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. This injured worker has been prescribed proton pump inhibitors for more than one year. There was no documentation of GI signs or symptoms and no examination of the abdomen was documented. Due to lack of specific indication and risk of toxicity, the request for prilosec is not medically necessary.