

Case Number:	CM13-0014891		
Date Assigned:	10/04/2013	Date of Injury:	08/08/2008
Decision Date:	02/18/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of 8/8/2008. An MRI dated February 25, 2013 identifies previous spinal fusion with anterior plate at C5-6 and C6-7, disc protrusions at multiple levels, and nerve root compromise bilaterally at C4-5 and C6-7. Urine drug screen performed on January 16, 2013 is positive for oxymorphone. A urine drug screen dated June 21, 2013 is positive for hydrocodone and oxycodone. These are listed as inconsistent results. A urine drug screen dated July 22, 2013 is positive for hydrocodone, oxymorphone, and oxycodone which are listed as inconsistent results. A progress report dated July 24, 2013 identify subjective complaints including low back pain, neck pain, and bilateral hand pain. The note indicates that the patient has pain radiating into his right leg with paresthesia, and numbness, and weakness. The note indicates that the patient is still awaiting surgery, and his pain level is 6/10. The patient is having numbness and weakness in both arms. The note indicates that a urine drug screen was performed which is consistent with the patient's medications. The patient has previously tried ice, NSAIDs, pain medication, and physical therapy without improvement in pain. The patient is taking narcotics and muscle relaxers, for the pain. Objective examination findings identify tenderness over the cervical spine and right trapezius area with restricted cervical range of motion. Upper extremity sensation to light touched his diminished over the C5, C6, and C7 dermatomes. Motor strength is 5/5 in both upper extremities. The note goes on to state two times that sensation is intact in all dermatomes, and then goes on to state "upper extremity exam shows no motor or sensory deficits." Straight leg raise test is described as positive at 40°. Sensation to light touch is decreased on the right in the lateral foot with normal motor strength. Diagnoses include degeneration of the cervical enter vertebral disc, cervical disc displacement, lumbar disc displacement, cervical radiculitis, lumbar radiculopathy, low back pain, and carpal tunnel syndrome. Treatment plan recommends Norco, Neurontin, oxycodone immediate release,

Xanax, Soma, mirtazapine, Zantac, and dexilant. The note goes on to indicate that the patient has had the following tests completed, x-ray, MRI, EMG/NCS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for Lumbar MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, the patient's lower extremity neurologic examination does not identify clear-cut radiculopathy. Additionally, it is unclear whether the patient has had a lumbar MRI previously, and if so, whether there have been any subjective and objective changes to warrant repeat imaging of the same body part with the same imaging modality. Finally, there is no indication that the patient would consider lumbar spine surgery for the current complaints and objective findings. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

Request for Bilateral Lower Extremity EMG/NCV: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG/NCS of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When the neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting

more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, the neurologic examination is rather unclear. It is difficult to identify whether the neurologic examination specifically implicates one nerve root level. Guidelines state that if radiculopathy is clinically obvious, EMG is not medically necessary. Additionally it appears the patient has undergone EMG/NCS in the past. It is unclear how long ago this was performed, and how the patient's subjective complaints and objective findings have changed since that time, to warrant repeat diagnostic studies of the same body parts. Finally, it is unclear that the requesting physician is concerned about peripheral neuropathy, or some other diagnosis for which nerve conduction study would be indicated. In the absence of clarity regarding those issues, the currently requested EMG/NCS of bilateral lower extremities is not medically necessary.

Urine Drug Screen: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-79 AND 99.

Decision rationale: Regarding the request for a urine drug test, Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant or non-adherent drug related behaviors. Within the documentation available for review, it is clear the patient is on a controlled analgesic in the form of tramadol, Norco, and Oxycodone. Therefore, the routine monitoring of urine drug testing is recommended by guidelines to improve compliance, and reduce the risk of misuse abuse and diversion. As such, the currently requested urine drug screen is medically necessary.

Naproxen Sodium: 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 Section on NSAIDS Page(s): 67-69.

Decision rationale: Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested naproxen is not medically necessary.

Sumatriptan Succinate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601116.html>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans and the International Headache Society (http://ihs-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html Migraine without aura (IHS Criteria))

Decision rationale: Regarding the request for sumatriptan, California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation indicating how often headaches occur, and how the headaches have responded to the use of triptan medication. In the absence of clarity regarding those issues, the currently requested sumatriptan is not medically necessary.

Odansetron: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the National Institutes of Health Government Medline Site (<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH00001571/>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Antiemetics.

Decision rationale: Regarding the request for ondansetron, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. Additionally, there are no subjective complaints of nausea in any of the recent progress reports provided for review. In the absence of clarity regarding those issues, the currently requested ondansetron is not medically necessary.

Medrox: 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 Section on Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding request for Medrox, Medrox is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that 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 1st 2 weeks of treatment for osteoarthritis arthritis, but not afterwards, or with the diminishing effect over another two-week period. Regarding the use of capsaicin, guidelines state that it is recommended only as an option for patients who have not responded to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Furthermore, it appears that the topical NSAID is being concurrently used with an oral NSAID. This would significantly increase the risk of complications from this medication class. Finally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Medrox is not medically necessary.

Bilateral Upper Extremity EMG/NCV: 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 Section on Criteria for use of Opioids Page(s): 75-79.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, it appears the patient is already taking oxycodone and Norco. The concurrent use of 3 short-acting opioid medications significantly increases the risk of opiate overdose and potentially death. In light of the above issues, the currently requested Ultram is not medically necessary.

Tramadol: 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 Section on Criteria for use of Opioids Page(s): 75-79.

Decision rationale: Regarding the request for Ultram, California Pain Medical Treatment Guidelines state that Ultram is a short acting opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultram is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, it appears the patient is already taking oxycodone and Norco. The concurrent use of 3 short-acting opioid medications significantly increases the risk of opiate overdose and potentially death. In light of the above issues, the currently requested Ultram is not medically necessary.