

Case Number:	CM13-0038650		
Date Assigned:	12/18/2013	Date of Injury:	07/11/2012
Decision Date:	02/28/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/25/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

██████████ is a 65-year-old man who sustained a work-related injury on July 11, 2012. Subsequently the patient developed chronic neck and back pain as well as bilateral shoulder pain. According to the note dated on September 25, 2013 the patient neck pain was constant with 8/10 severity. He continued to have shoulder pain and numbness in his upper extremities. He is physical examination demonstrated paraspinal tenderness, grip strength, positive stoop test, and positive Neer's test, weak abduction with reduced range of motion. There is restricted range of motion of the cervical and lumbar spine. His neurologic examination was normal. His MRI of the brain performed on 2012 was negative for bleed or recent infarction. His MRI of the cervical spine performed on February 21, 2013 demonstrated fusion of the C5-C6 vertebrae, resolution of the edema and spinal canal narrowing previously identified at C6-C7 level. His MRI of the lumbar spine performed on February 23, 2013 demonstrated degenerative disease The patient was diagnosed with cervical disc disease, post concussion syndrome, lumbar degenerative disease and left shoulder sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a central acting analgesic that may be used I chronic pain, tramadol is a synthetic opiod affecting the central nervous system. Tramado is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. It is not clear from the patient chart that the first line pain medications were previously attempted. In addition, a refill is not warranted until efficacy of the drug is proved. Therefore, the prescription of Tramadol 50 mg #90 with 2 refills is not medically necessary.

Naproxen 550 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 65.

Decision rationale: According to MTUS guidelines, naproxen is indicated for relief of pain related to osteoathritis and back pain for the lowest dose and shortest period of time. There is clear evidence for the need for Naproxen 550 mg #60 with 2 refills without documentation of drug efficacy and safety. Furthermore, there is no plan to use the medication at its lowest dose and shortst period of time. Based on the above, prescription of Naproxen 550 mg #60 with 2 refills is not medically necessary.

Omeprazole 20 mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, the prescription of According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA).

Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20 mg #30 with 2 refills prescription is not medically necessary.

EMG/NCS of bilateral upper extremities: 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 Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 178-179, 303-304..

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), <Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks>. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. << When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study
Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks>> (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient developed chronic neck pain and damage after his work related injury. His most recent MRI of the cervical spine showed improvement of his spine edema and narrowing. There is no recent documentation of cervical radiculopathy and no recent clear other justification for the need of an EMG. Therefore, the request for EMG/NCS of bilateral upper extremities is not medically necessary.

EMG/NCS of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Cervical (Acute &Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 178-179, 303 -304..

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), <Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks>. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG

study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. << When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks>> (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient developed chronic back pain and damage after his work related injury. There is no recent documentation of lumbar radiculopathy and no recent clear other justification for the need of an EMG. Therefore, the request for EMG/NCS of bilateral lower extremities is not medically necessary.

Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioidsm steps to avoid misuse/addiction Page(s): 77-78, 94..

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. There is no evidence that the patient is taking or abusing illicit drugs. There is no previous history of use of tramadol or other opioids medications. Therefore, the Urinalysis is not medically necessary.

Lab studies CBC, Hepatic and Arthritis Panel, Chem 8Panel, CPK, and CRP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carobene, A., et al. (2013). " A systematic review of data on biological variation for alanine aminotransferase and gammaglutamyl transferase." CLin Chem Lab Med 51(10): 1997-2007 Wolverton, S.E.and K.Remlinger(2007). " Suggested guilelines for patient monitorin

Decision rationale: MTUS and ODG guidelines are silent regarding the indication of the requested blood work up. There is no clear evidence of liver dysfunction o risk of liver disease, presence of myopathy or risk of muscle disease, presence of autoimmune disease or systemic infection, immune deficit, anemia, abnormal platelets level and other hematological abnormalities. There is no clear documentation of a rational behind ordering these test. Therefore, the request for Lab studies: CBC, Hepatic and Arthritis Panel, Chem 8 Panel, CPK, and CRP is not medically necessary.