

Case Number:	CM13-0052341		
Date Assigned:	02/26/2014	Date of Injury:	07/27/2012
Decision Date:	05/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	11/15/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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/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:

The injured worker is a 39-year-old female who was injured on 07/27/2012 due to an industrial injury. She is reporting right wrist, left wrist, and lower back pain. The clinical note dated 08/07/2013 shows +2-3 tenderness and spasm over the lumbar paravertebral muscles and over the flexor muscles of both arms and deep tendon reflexes of +1 for all upper and lower extremities. She is also reporting numbing and cold that radiates from the left leg down to the foot. There was a positive straight leg test that elicited pain to the lower back at 60 degrees to the right, a positive Phalen's test that caused pain and numbing to the right and the left, and a positive Tinel's sign to the right and the left wrist. Lumbar MRI (magnetic resonance imaging) reports dated 02/07/2013 show tiny central protrusion at L5-S1. Her diagnoses include lumbosacral radiculitis, and lumbosacral strain. The treatment includes Lidoderm Lidocaine patch, electrodiagnostic study of bilateral upper extremities, Ultracet 37.5mg, Amitriptyline, chiropractic care, and orthopedic evaluation. Exam findings dated 02/15/2013 show a negative straight leg test bilaterally, deep tendon reflexes are 3+, and symmetric at the biceps, triceps, brachioradialis, knee, and ankle jerks.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MRI SCAN: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM 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. The guidelines also state when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The patient's status has changed since the last MRI (magnetic resonance imaging) to include objective findings such as a positive straight leg test and decrease sensation that would support radiculopathy. The injured worker's exam findings are not consistent with the prior MRI findings. As such, the request for lumbar MRI scan is certified

ULTRACET 37.5 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids-Classification-(Ultram), Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 78-80.

Decision rationale: According to the California MTUS guidelines, ongoing management for chronic pain patients on opioids require documentation of pain relief to include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Side effects should also be noted, as well as physical and psychosocial functioning, and evidence of a urine drug screen. The documentation submitted for review failed to note significant pain relief, increased function and/or consistent urine drug screens to warrant ongoing use of Ultracet. The documents provided also do not state the quantity of the request. As such, the request is non-certified

ELECTRODIAGNOSTIC STUDIES OF BOTH UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The request for an electrodiagnostic studies for both upper extremities is non-certified. The American College of Occupational and Environmental Medicine guidelines state that electromyography and nerve conduction velocities may help identify focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. The injured worker is already diagnosed with carpal tunnel syndrome and does not need the use of an electrodiagnostic study to diagnose this. Although a nerve conduction study alone may be

helpful, the need for both upper extremities is insufficiently documented. The documentation also does not reflect cervical radiculopathy to warrant the electromyography (EMG) portion of the studies. Therefore, the request is non-certified

LIDODERM LIDOCAINE PATCH 5% #90 WITH THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Pain-Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: Per California MTUS guidelines, Lidoderm may be used for localized peripheral pain after there has been evidence of a trial first-line therapy such as Lyrica. This is not a first line treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documented evidence that the patient participated in any first-line therapy. Therefore, the request for the lidocaine patch is non-certified

AMITRYPTILINE 25MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Amitriptyline and Antidepressants Page(s): 13.

Decision rationale: As stated in the California MTUS guidelines, the request would be an option for neuropathies and non-neuropathic pain and are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There is a recommended trial of at least 4 weeks. The documentation does not specify the quantity of the medication. Therefore, the request for Amitriptyline 25mg is non-certified

VOLTAREN GEL 2 GRAMS #5, 100 GRAM TUBES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The California MTUS guidelines state that topical gel is largely experimental and primarily recommended for neuropathic pain and localized osteoarthritis. In this case, the documentation provided indicated this as a treatment for ganglion cysts and carpal tunnel syndrome, which has not been approved by evidence based guideline. Therefore, the request is non-certified

