

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0067968 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 09/12/2013 |
| Decision Date: | 04/24/2014 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 patient is a 61-year-old female who was injured on September 12, 2013. Injury occurred when a co-worker passed out and fell on her. The patient continued to complain of neck pain. A treating physician saw her on September 17, 2013. The medical record states that the patient became irate and stormed out of the office when her request for narcotics was denied. A second physician saw the patient on October 23, 2013 for complaints of neck pain. Physical examination was notable for muscular spasm in the paravertebral muscles of the cervical spine. Motor testing was notable for 4/5 weakness of the left hand intrinsic muscles. Sensory function was intact. The requests for authorization are for Norco 10/325 #120, Fexmid 7.5 mg, #60, physical therapy twice weekly for 4 weeks, EMG left upper extremity, NCV left upper extremity, and internal medicine consult for Crohn's disease were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG 1 PO Q6H PRN #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case, there is no documentation that NSAIDS or acetaminophen have been tried and failed. In addition the number of pills prescribed would be sufficient for duration of 3-4 weeks treatment. This duration surpasses the number of weeks for short-term use. The medical necessity has not been established.

FEXMID 7.5MG 1 PO BID #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.

Decision rationale: Fexmid is the muscle relaxant cyclobenzaprine. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. In this case the patient is experiencing neck pain. The recommended duration of treatment is less than two weeks. The number of doses requested is for 30 day supply. This extends beyond the two week maximum recommended and should not be authorized.

PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS, CERVICAL SPINE: 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 Physical Medicine Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). In this case the patient had already received 6 physical therapy visits. It is documented in the medical record that the physical therapy had an adverse effect on her condition. Since there is no objective evidence of functional improvement, the physical therapy should not be authorized.

EMG, LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Official Disability Guidelines (ODG) Pain, Electromyography

Decision rationale: Electromyography (EMG) is recommended (needle, not surface) as an option in selected cases. Review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. Imaging studies may be indicated if physiologic evidence of tissue insult or neurologic dysfunction is found. In this case there is documentation of mild weakness of the left hand. EMG is only moderately sensitive and symptoms are mild. Medical necessity has not been established.

NCV, LEFT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Official Disability Guidelines (ODG) Pain, Electromyography

Decision rationale: Nerve conduction studies (NCV) are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on

the basis of radiculopathy. IN this case the patient had not had an EMG. Signs of radiculopathy are mild and NCV is not indicated.

INTERNAL MEDICINE CONSULT REGARDING GASTROINTESTINAL DISTRESS AND AGGRAVATED CROHNS DISEASE ARISING SECONDARY TO CHRONIC PAIN AND LIMITATION/IMPAIRMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Overview of the Medical Management of mild to moderate Crohn's disease

Decision rationale: The California MTUS and ODG do not comment on internal medicine consults. The patient's past history included Crohns' disease and the patient complained of a Crohn's flare secondary to the stress. There is no documentation that the patient was having increased frequency of stools, blood or mucus with stools or abdominal pain. Documentation in the medical record does not support the medical necessity for internal medicine consult.