

Case Number:	CM13-0069658		
Date Assigned:	01/03/2014	Date of Injury:	03/11/2004
Decision Date:	04/22/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Occupational 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 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 40 year old male who was injured on 03/11/2004. Mechanism of injury is unknown. Diagnostic studies reviewed included urine toxicology report dated 05/23/2013 reported as normal. Consultation Report dated 10/10/2013 documented the patient with complaints of pain in the low back, radiating into the legs with numbness and tingling. He also complains of neck pain. Diagnoses: 1) Right wrist sprain/strain. 2) Right wrist sprain/strain with tenosynovitis. 3) Left shoulder strain/sprain. 4) Status post 360 degrees arthrodesis with instrumentation of the lumbar spine at L4-L5 and L5-S1. 5) Symptoms of anxiety and depression. 6) Symptoms of insomnia. Treatment Plan: EMG/NCV of bilateral lower extremities to establish presence of radiculitis/neuropathy. Medications prescribed were Anaprox 550 mg to be taken 1 tablet twice daily for inflammation, Prilosec 20 mg tablet bid for gastritis secondary to NSAID intake, Norco 10/325 mg to be taken 1 tablet every 4-6 hours as needed for pain, Neurontin, Xanax, and Percocet 5/325 mg. Consultation Report dated 01/02/2014 documented the patient with complaints of continued pain in the low back that is radiating into the lower extremities. Objective findings on exam of lumbar spine included decreased mobility. Straight leg raise is positive. There is tenderness to palpation along the paraspinal musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUEST FOR AN EMG/NCS OF THE 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The guidelines state 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. According to the medical records, the patient has pain and numbness radiating to his lower extremities. Further specifics are not provided. It is unclear if the symptoms are chronic or represent recent worsening. There is a history of L4-S1 fusion with prior disability rating for lumbar radiculopathy. There are no documented signs of radiculopathy on physical examination in the provided records. Prior work-up and treatment for these complaints are not specified. Medical necessity has not been established. EMG/NCS of the bilateral lower extremities is non-certified.

ANAPROX 50 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: NSAIDs are first-line treatment for chronic pain though long-term use may not be warranted. They should be used at lowest dose for shortest duration possible. The patient probably has lumbar DJD and should have NSAIDs available for pain flare-ups. Therefore, Anaprox is certified.

NORCO 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: A request has been made for Norco 10/325. These opioids are of the same class, short-acting opioids, and are indicated for moderate to moderately severe pain. According to the guidelines, they are often used for intermittent or breakthrough pain, and are often combined with other analgesics such as acetaminophen and aspirin. The guidelines do not recommend simultaneous opioid usage. Long-term opioid use for chronic pain has not been shown to improve function, pain, or quality of life. In this case, there is no documentation of objective pain reduction or functional improvement attributable to opioid usage. The patient continues to complain of severe pain and is not working. Medical necessity has not been established.

NEURONTIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Section Page(s): 16-22.

Decision rationale: The patient reports low back radiating into the lower extremities and lower extremity numbness which are not corroborated by physical examination or diagnostics from the available medical records. There is upper extremity radiculopathy confirmed by diagnostics. Neurontin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain, though no randomized control trials have demonstrated effectiveness for radiculopathy. Further, available medical records do not document functional improvement or pain reduction attributable to Neurontin.

XANAX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the guidelines, this medication is not recommended for long-term use. Benzodiazepines are not recommended because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Medical necessity is not established. Xanax is non-certified.

PERCOCET 5/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: A request has been made for Percocet 5/325. These opioids are of the same class, short-acting opioids, and are indicated for moderate to moderately severe pain. According to the guidelines, they are often used for intermittent or breakthrough pain, and are often combined with other analgesics such as acetaminophen and aspirin. The guidelines do not

recommend simultaneous opioid usage. Long-term opioid use for chronic pain has not been shown to improve function, pain, or quality of life. In this case, there is no documentation of objective pain reduction or functional improvement attributable to opioid usage. The patient continues to complain of severe pain and is not working. Medical necessity has not been established. Percocet is non-certified.