

Case Number:	CM14-0002397		
Date Assigned:	01/24/2014	Date of Injury:	08/06/2002
Decision Date:	08/12/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

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 and is licensed to practice in Illinois. 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 60-year-old female who reported an injury on August 06, 2002; the mechanism of injury was not provided within the medical records. The injured worker's surgical history included a C4-5 and C5-6 anterior cervical discectomy and fusion in 2005, an anterior cervical discectomy and fusion at C6-7 with removal of hardware and previous fusion hardware on August 20, 2010, left total knee replacement on October 05, 2011, and a spinal cord stimulator implant on October 29, 2009. An electromyogram (EMG)/nerve conduction velocity (NCV) performed on February 28, 2011 indicated normal nerve function. The last physician's visit by the injured worker was on December 16, 2013. The injured worker noted her myofascial pain level of the posterior musculature had dropped to 6/10 after her spinal cord stimulator was re-programmed on November 11, 2013 and December 04, 2013. The physician noted a decrease in pain and signs and symptoms of radiculopathy to the lower extremities. The physician noted an increase in signs and symptoms to the neck and upper extremities related to a non-industrial motor vehicle accident on August 01, 2013. The physician noted the injured worker appeared to be in mild to moderate distress; hypertension was noted during this visit. The injured worker was diagnosed with lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy with the right side being greater than the left, depression and anxiety, right planter fasciitis, right shoulder impingement syndrome, left shoulder strain, hypertension, and medication-induced gastritis. The injured worker's medication regimen included Norco, Fexmid, Prilosec, Celebrex, Lidoderm patches, Valium, and Neurontin. Prior treatments included physical therapy, stretch exercises, and trigger point injections. The physician requested Xanax one mg, one prescription for medicinal marijuana, one prescription for Celebrex 30 tablets, one electromyography or EMG of the upper extremities, nerve conduction velocity of the upper extremities, and an unknown

physiotherapy. A Request for Authorization form and rationale were not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax (1mg): 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: The request for Xanax is not medically necessary. The California MTUS Guidelines do not recommend this medication for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to four weeks. The injured worker has been prescribed this medication since at least 2012. The injured worker has been prescribed this medication for an extended period of time. There has been no improvement or exacerbation in reported levels of anxiety or depression while on this medication. The provider's rationale for the continued use of Xanax was not provided within the medical records. Additionally, the request does not indicate the frequency at which the medication is prescribed or the quantity being requested in order to determine the necessity of the medication. As such, the request is not medically necessary.

Medicinal Marijuana: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28.

Decision rationale: The request for medicinal marijuana is not medically necessary. The California MTUS guidelines note the use of marijuana or cannabinoids are not recommended. There are no quality controlled clinical data with cannabinoids. The physician has failed to annotate the method of use of this product by not indicating the dosage, the total number of usage per day, and the amount requested, as well as the route of administration. Additionally, the guidelines do not recommend the use of cannabinoids. As such, the request is not medically necessary.

Celebrex (#30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, Specific Drug List and Adverse Effects Page(s): 70.

Decision rationale: The request for Celebrex is not medically necessary. The California MTUS Guidelines recommend NSAIDs as an option for short-term symptomatic relief. There is inconsistent evidence for the use of these medications to treatment long-term neuropathic pain, but they may be useful to treat breakthrough pain in mixed pain conditions, such as osteoarthritis and neuropathic pain. This medication is a nonsteroidal anti-inflammatory drug that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. The injured worker has been prescribed this medication since 2013, which exceeds the guideline recommendation for a short course of therapy. Within the December 16, 2013 clinical note, the physician noted no improvement in low back pain regarding NSAIDs and indicated the improvement to her chronic low back pain came as a result of the spinal cord stimulator being reprogrammed on November 11, 2013 and December 04, 2013. The injured worker noted her pain had dropped to a constant 6/10 on the pain scale. The guidelines recommend Celebrex for injured workers with gastrointestinal symptoms. Within the provided documentation, it was noted the injured worker has a diagnosis of medication-induced gastritis; however, there is a lack of documentation indicating the injured worker has gastrointestinal symptoms. Additionally, the request does not indicate the frequency at which the medication is prescribed. This medication has been prescribed since 2013 and an additional request for 30 tablets would exceed MTUS guideline recommendations for short-term use. As such, the request is not medically necessary.

An Electromyography (EMG) of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The request for an electromyogram of the upper extremity is not medically necessary. The CA MTUS/ACOEM guidelines note that electromyography is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. The guidelines note electromyography is not recommended for the diagnosis of nerve root involvement, if findings of history, physical exam, and imaging study are consistent. An MRI of the cervical spine performed on April 15, 2005 noted a three mm right para-central protrusion at C5-6 causing mild to moderate subarachnoid space indentation and a three mm disc bulge at C4-5. Upon physical examination, the injured worker had decreased sensation along the C6 distribution. The injured worker's history, physical exam, and imaging studies are consistent. As such, the request is not medically necessary.

Nerve Conduction Velocity (NCV) of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The request for a nerve conduction velocity of the upper extremities is not medically necessary. The California CA MTUS/ACOEM guidelines note that 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. The Official Disability Guidelines note nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. Nerve conduction studies may be 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. An MRI of the cervical spine performed on April 15, 2005 noted a three mm right para-central protrusion at C5-6 causing mild to moderate subarachnoid space indentation and a three mm disc bulge at C4-5. Upon physical examination, the injured worker had decreased sensation along the C6 distribution. The injured worker's history, physical exam, and imaging studies are consistent with a diagnosis of radiculopathy. There are no red flags indicating a potentially serious disease. As such, the request is not medically necessary.

Physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The request for physiotherapy is not medically necessary. The California MTUS Guidelines for physical medicine do recommend this therapy. The use of passive and activity therapy aids in lowering the need for chronic pain medications. Home exercises are also expected to be utilized following each therapy sessions, as well as in between therapy sessions. The recommended number of visits for an injured worker with radiculitis is 8 to 10 visits over 4 weeks. The physician did not specify the number of visits requested, the frequency of the sessions being requested, and the site at which the therapy is to be performed. There is a lack of a current assessment demonstrating significant deficits for which physical therapy would be indicated. As such, the request is not medically necessary.