

Case Number:	CM14-0104605		
Date Assigned:	07/30/2014	Date of Injury:	11/15/2004
Decision Date:	09/23/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	07/07/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old female who reported an injury on 11/15/2004 due to a fall. The injured worker had a history of neck pain radiating down to the bilateral arms. The injured worker had a diagnosis of cervicogenic pain syndrome, cervical spondylosis, and bilateral carpal tunnel syndrome. The diagnostics included electromyography/nerve conduction study with abnormal findings dated 04/06/2011 with evidence of bilateral carpal tunnel syndrome. There was no electrodiagnostic evidence of cervical radiculopathy, cubital tunnel syndrome, or polyneuropathy. The past treatments included use of a TENS unit, medication, and cervical epidural steroid injections times 3. Prior surgeries included back surgery dated 2000. The objective findings dated 07/23/2014 of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis, range of motion was restricted with flexion limited to 35 degrees secondary to pain and extension limited to 30 degrees secondary to pain. On examination, the paravertebral muscles revealed spasms, tenderness, and tight muscle band bilaterally. The spinous process tenderness was noted at the C4, C5, and C6. Tenderness was also noted at the paracervical muscles at the left C3 and C4 and C5 facet joint. Spurling's maneuvers caused pain at the muscles of the neck. The motor examination revealed limitations secondary to pain. Sensory examination revealed light touch sensation decreased over the middle finger on the left and thumb, index finger, middle finger on both sides and patchy in distribution. Sensation to pinprick was patchy to distribution. Current medications included Fiorinal, Lidoderm patch 5%, Tylenol with codeine No. 4, Zantac 150 mg, and Soma 350 mg. The injured worker rated her pain with medications at 6/10 and without medications at 7/10 using the VAS (visual analog scale). The treatment plan included continuing with the TENS unit and medication. The request for authorization dated 07/30/2014 was submitted with documentation. The rationale for the

Soma, the Fiorinal, and the TENS unit were not provided. The rationale for the lab was to rule out end organ damage.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma) Page(s): 30.

Decision rationale: The prescription for Soma 350mg #30 is not medically necessary. The California MTUS Guidelines do not recommend it. This medication is not indicated for long-term use. The clinical note indicates that the injured worker had been taking the Soma for an extended period of time. The Soma was prescribed on 12/11/2013 and again on 06/23/2011, exceeding the short-term use recommendation. Also, the request did not indicate the frequency. As such, the request is not medically necessary.

1 Prescription for Fiorinal #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The prescription for Fiorinal #90 is not medically necessary. Fiorinal is a Barbiturate-containing analgesic agent (BCA). The California MTUS Guidelines do not recommend it for chronic pain. The potential for drug dependence is high, and there is no evidence that BCAs offer a clinically significant enhancement of analgesic efficacy due to the barbiturate constituents. The guidelines do not indicate the use for chronic pain. Also, the request did not address the frequency. As such, the request is not medically necessary.

Continued use of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES (Neuromuscular Electrical Stimulation) and TENS Page(s): 121, 114-116.

Decision rationale: The request for 1 request to continue TENS unit is not medically necessary. The California MTUS guidelines indicate that a neuromuscular electrical stimulation (NMES)

device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke, and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. A one month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical notes did not indicate that the injured worker had been in a rehabilitation program. The clinical notes did not indicate that the injured worker had neuropathic pain, and there was no documentation of 3 months of pain during which other appropriate pain modalities had been tried and failed. As such, the request is not medically necessary.

1 request for lab work, to include BUN/creatinine and hepatic function panel,: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LABS per labtestsonline.org.

Decision rationale: The request for lab work to include BUN/creatinine and hepatic function panel is not medically necessary. The online resource labtestsonline.org indicates that a liver panel or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments. A series of bilirubin tests, for instance, may be ordered to evaluate and monitor a jaundiced newborn. The clinical notes did not indicate that the injured worker had any symptoms that indicated possible liver dysfunction, nor did they list liver disease as a diagnosis. As such, the request is not medically necessary.