

Case Number:	CM14-0104671		
Date Assigned:	07/30/2014	Date of Injury:	04/30/2013
Decision Date:	09/09/2014	UR Denial Date:	06/30/2014
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 and Rehabilitation, has a subspecialty in Interventional Spine 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 31-year-old male with an injury date of 04/30/2013. According to the 06/19/2014 progress report, the patient presents with neck pain and lower back pain. Upon examination, his paraspinal muscles are tender to palpation and spasm is present in the cervical spine. He also has loss in range of motion. In regards to the lumbar spine, his paraspinal muscles are tender, spasm is present, and range of motion is restricted. He also has a straight leg raising test which is positive bilaterally. In regards to the right hip, his greater trochanter is tender to palpation. The patient's diagnoses include cervical sprain, lumbar radiculopathy, contusion of hip, and sprains and strains of the thoracic region. The request is for EMG of the bilateral upper extremities, NCV of the bilateral upper extremities, twelve physical therapy sessions for the lower back, Hydrocodone/APAP 5/325 mg, quantity of #30 with 5 refills, Orphenadrine ER 100 mg, quantity of #60 with 2 refills, Naproxen sodium 550 mg, quantity of #30 with refills, and Omeprazole 20 mg, quantity of #30 with 2 refills. The utilization review determination being challenged is dated 06/30/2014. Treatment reports were provided from 03/04/2014 - 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 06/19/2014 report, the patient presents with pain in his neck and lower back. The request is for an EMG of the bilateral upper extremities to rule out cervical radiculitis. This file does not include prior EMG report and there is no reference to it. There were no previous EMGs conducted. For EMG, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." In this patient, the reports do not indicate any symptoms in the upper extremities. The patient has neck pain only and an EMG would not be indicated as there is no suspicion for radiculopathy or carpal tunnel syndrome. The provider does not explain why this study is being requested. Therefore, this request is not medically necessary.

NCV of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

Decision rationale: According to the 06/19/2014 report, the patient presents with pain in his neck and lower back. The request is for an NCV of the bilateral upper extremities to rule out cervical radiculitis. This file does not include prior EMG report and there is no reference to it. There were no previous EMGs conducted. For NCV, ACOEM Guidelines page 262 states, "Appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. They may include nerve conduction studies or in more difficult cases, electromyography may be helpful. NCS and EMG may confirm the diagnosis of CTS, but may be normal in early or mild cases of CTS. If the EDS are negative, test may be repeated later in the course of treatment if symptoms persist." In this patient, the reports do not indicate any symptoms in the upper extremities. The patient has neck pain only and an NCV would not be indicated as there is no suspicion for radiculopathy or carpal tunnel syndrome. The provider does not explain why this study is being requested. Therefore, this request is not medically necessary.

12 Physical Therapy sessions for the low back: Upheld

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

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

Decision rationale: Based on the 06/19/2014 report, the patient presents with neck pain and lower back pain. The request is for 12 physical therapy sessions for the lower back. The 04/10/2014 progress report indicates that the patient has had 12 sessions of physical therapy. However, there was no discussion of any benefit that the patient may have had. MTUS Guidelines pages 98, 99 state that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the provider has asked for a total of 12 sessions of physical therapy for the patient's lower back. A short course of treatment may be reasonable if the patient is flared up, has a new injury or aggravated. However, such documentations are not provided and the request for 12 sessions exceeds what is allowed by MTUS. Therefore, this request is not medically necessary.

Hydrocodone/APAP 5/325mg, QTY: 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for use of Opioids Page(s): 60, 61, 89, 89.

Decision rationale: Based on the 06/19/2014 report, the patient complains of neck pain and lower back pain. The request is for Hydrocodone/APAP 5/325 mg, quantity of #60 with 5 refills. The patient has been taking Hydrocodone as early as 03/13/2014. Review of the reports does not provide any discussion as towards how Hydrocodone/APAP benefited the patient. MTUS page 88 and 89 require functioning documentation using a numerical scale, validated instrument at least once every 6 months, as well as documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior). Documentation of pain, time it takes for medication to work, and duration of pain relief is all also required. In this patient, the provider does not specify how Hydrocodone/APAP has helped the patient or impacted the patient in any way. Therefore, this request is not medically necessary.

Orphenadrine ER 100mg, QTY: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63, 64.

Decision rationale: Based on the 06/19/2014 report, the patient complains of neck pain and lower back pain. The patient has been taking Orphenadrine ER 100 mg, quantity of #60 with 2 refills, as early as 03/13/2014. MTUS page 63 to 66 states "recommended non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exasperations in patients with chronic low back pain." In this case, the patient has been using Orphenadrine on a long-term basis. Therefore, this request is not medically necessary.

Naproxen Sodium 550mg, QTY: 30 with 2 refills: 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 Medications for chronic pain Page(s): 22, 60, 61.

Decision rationale: According to the 03/13/2014 report, the patient complains of neck pain and lower back pain. The request is for Naproxen Sodium 550 mg, quantity of #30 with 2 refills. The patient has been taking Naproxen as early as 03/13/2014. Review of the reports does not provide any discussion regarding the use of Naproxen. MTUS Guidelines support use of NSAIDs for chronic low back pain per page 22. For medication use and chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is no documentation mentioning what naproxen has done for the patient's pain and function. Therefore, this request is not medically necessary.

Omeprazole 20mg, QTY: 30 with 2 refills: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 03/13/2014 report, the patient presents with neck pain and lower back pain. The request is for Omeprazole 20 mg, quantity of #30 with 2 refills. MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. For prophylactic use of PPI's, MTUS requires GI assessment that includes the patient's age, history of PUD, high dose of NSAID use, concurrent use of ASA or anticoagulant therapy, etc. The provider has not documented any gastrointestinal symptoms for this patient. There is no mention of any GI assessment either. Routine use of PPI for prophylaxis is not supported without GI assessment. Therefore, the request is not medically necessary.