

Case Number:	CM14-0014217		
Date Assigned:	02/26/2014	Date of Injury:	06/29/2011
Decision Date:	09/09/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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 50-year-old male who has filed a claim for cervical intervertebral disc disorder associated with an industrial injury date of June 29, 2011. Review of progress notes indicates neck pain radiating to the bilateral upper extremities with numbness and tingling; burning sensation in the left arm; low back pain radiating to the bilateral lower extremities; burning sensation of bilateral feet, more on the right. Findings include tenderness over the cervical regions with spasms, positive axial compression test on the left, and decreased cervical range of motion. X-rays of the cervical spine dated November 13, 2013 showed fusion from C4-6 with moderate spondylosis at C6-7. X-rays of the lumbar spine showed fusion from L4-S1. EMG of bilateral lower extremities dated August 20, 2012 showed right L4, L5, S1 and left L4-5 lumbosacral radiculopathy. Electrodiagnostic study of the upper extremities dated January 09, 2014 showed mild bilateral carpal tunnel syndrome. Treatment to date has included NSAIDs, muscle relaxants, opioids, sedatives, antidepressants, gabapentin, epidural steroid injections, trigger point injections to the cervical and lumbar regions, lumbar facet blocks, left carpal tunnel release and left ulnar nerve transposition in 2008, lumbar spinal surgeries in February 2006 and 2011, and cervical spinal surgery in June 2006. Utilization review from January 17, 2014 denied the requests for Colace 100mg as there is no evidence of constipation, EMG/NCS of bilateral upper and lower extremities as there is no documentation of severe or progressive neurologic deterioration. There is modified certification for MS Contin 15mg for #30, Percocet 5/325mg for #45, and Robaxin 750mg for #30 as there was no documentation of efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 15MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least December 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, this patient is being prescribed tramadol 50mg thrice a day from another provider. Therefore, the request for MS Contin 15mg #60 is not medically necessary

PERCOCET 5/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, criteria for use; On-Going Management Page(s): 78-82.

Decision rationale: As noted on pages 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is not clear when the patient was started on this medication, but urine drug screen from November 2013 detected the presence of oxycodone. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, this patient is being prescribed tramadol 50mg thrice a day from another provider. Therefore, the request for Percocet 5/35mg #90 is not medically necessary.

ROBAXIN 750MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Muscle relaxants (for pain) pages 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit

beyond NSAIDs in pain and overall improvement. Patient has been on this medication since at least May 2013. There is no documentation of acute exacerbation of pain to support the continued use of this medication. Also, this medication is not recommended for chronic use. Therefore, the request for Robaxin 750mg #60 is not medically necessary.

COLACE 100MG #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000100>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate).

Decision rationale: According to page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; for prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and for prevention of dry, hard stools. The requests for Percocet and MS Contin have not been authorized, and the patient does not complain of constipation. Therefore, the request for Colace 100mg #100 is not medically necessary.

EMG BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), , NEEDLE EMG & H-REFLEX TESTS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Electromyography (EMG).

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. ODG states that electromyography findings may not be predictive of surgical outcome and cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. EMG may be helpful for patients with double crush phenomenon, possible metabolic pathology such as with diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. Electrodiagnostic study of the upper extremities dated January 09, 2014 showed mild bilateral carpal tunnel syndrome. There is no indication for a repeat study as there was no documentation of significant changes in upper extremity symptoms. Therefore, the request for EMG Bilateral Upper Extremities is not medically necessary.

NCS BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), , NEEDLE EMG & H-REFLEX TESTS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Nerve conduction studies (NCS).

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. ODG states that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when symptoms are presumed to be due to radiculopathy. Electrodiagnostic study of the upper extremities dated January 09, 2014 showed mild bilateral carpal tunnel syndrome. There is no indication for a repeat study as there was no documentation of significant changes in upper extremity symptoms. Therefore, the request for NCS Bilateral Upper Extremities is not medically necessary.

EMG BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), , NEEDLE EMG & H-REFLEX TESTS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, EMGs (electromyography).

Decision rationale: EMGs are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCVs are not recommended when symptoms are presumed to be on the basis of radiculopathy. In this case, the patient had an EMG of the lower extremities in August 20, 2012 showed right L4, L5, S1 and left L4-5 lumbosacral radiculopathy. The current presentation is suggestive of radiculopathy, but there is no documentation regarding physical examination findings of the lower extremities, or of significant worsening of lower extremity neurologic symptoms, to support this request. Therefore, the request for EMG Bilateral Lower Extremities is not medically necessary.

NCS BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), , NEEDLE EMG & H-REFLEX TESTS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, nerve conduction studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient had EMG of the lower extremities in August 20, 2012 showed right L4, L5, S1 and left L4-5 lumbosacral radiculopathy. There was documentation of new symptoms of burning of bilateral feet, more on the right. This is not consistent with radicular symptoms, and could be due to a neuropathic process. However, there was no documentation of lower extremity physical examination findings. Additional information is necessary at this time to support the necessity of this request. Therefore, the request for NCS Bilateral Lower Extremities is not medically necessary.