

Case Number:	CM14-0015410		
Date Assigned:	02/28/2014	Date of Injury:	09/13/2009
Decision Date:	06/30/2014	UR Denial Date:	01/18/2014
Priority:	Standard	Application Received:	02/06/2014

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, 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 60 year old male with an injury date of 09/13/09. Based on the 11/19/13 progress report provided by [REDACTED], the patient complains of left foot and ankle pain along with paresthesia symptomologyhas. Examination of the left foot reveals tenderness in the medial and lateral joint line. There is tenderness in the tarsal region. Examination reveals decreased sensation in the entire left foot with pin prick test. The patient's diagnoses include the following: 1. Status post left knee total arthroplasty surgery, status post left knee MVA (02/02/11) 2. Sprain/arthrosis, left foot and ankle 3. Right knee compensatory pain/arthrosis 4. Paresthesia, decreased sensation of unknown etiology in the left lower extremity [REDACTED] requests for the following: 1. Diclofenac 100 mg #30 with 1 refill 2. Neurontin 300 mg #90 3. Ultracet 37.5/325 mg #60 with 1 refill 4. Electromyography (EMG) of the bilateral lower extremities 5. Nerve conduction velocity (NCV) of the bilateral lower extremities 6. 1 trigger point injection to the left foot The utilization review determination being challenged is dated 01/17/14. [REDACTED] is the requesting provider, and he provided treatment reports from 01/23/13-02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC 100MG #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation NSAIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: According to the 11/19/13 report by [REDACTED], the patient presents with left foot and ankle pain along with paresthesia symptomologyhas. The request is for Diclofenac 100 mg #30 with 1 refill. The patient has been taking Diclofenac since 01/23/13, the first report provided. In reference to NSAIDs, MTUS guidelines page 22 supports NSAIDs for chronic low back pain. MTUS pages 60 and 61 further require, however, that when medications are used for chronic pain, pain and functional changes must be documented. In this case, despite a long-term use of Diclofenac, the treater does not mention medication's efficacy in any of the reports. Recommendation is for denial.

NEURONTIN 300MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 19.

Decision rationale: According to the 11/19/13 report by [REDACTED], the patient presents with left foot and ankle pain along with paresthesia symptomologyhas. The request is for Neurontin 300 mg #90. The patient began taking Neurontin on 03/19/13. Per 03/19/13 report, "Patient states that taking gabapentin reduces his paresthesia symptoms." For Gabapentin MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function... Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." In this case the patient has been prescribed Neurontin since 05/17/13 and the treater indicates that it helps with paresthesia. Recommendation is for authorization.

ULTRACET 37.5/325MG #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88, 89.

Decision rationale: According to the 11/19/13 report by [REDACTED], the patient presents with left foot and ankle pain along with paresthesia symptomologyhas. The request is for Ultracet 37.5/325 mg #60 with 1 refill. The patient has been taking Ultracet since the first progress report provided (01/23/13). None of the reports indicate the impact Ultracet had on the patient. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a

numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. None of the reports provide any discussion regarding how Ultracet has been helpful in terms of decreased pain or functional improvement. In addition, the treater does not use any numerical scales to assess patient's pain and function as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.

ELECTROMYOGRAPHY (EMG) OF THE BILATERAL LOWER EXTREMITIES:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the 11/19/13 report by [REDACTED], the patient presents with left foot and ankle pain along with paresthesia symptomology. The request is for one electromyography of the bilateral lower extremities to assess for possible causation of left lower extremity radiculopathy symptoms. There were no previous EMG studies conducted. ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunctions in patients with low back symptoms lasting more than 3 or 4 weeks." This patient has mentioned persistent pain in her left foot and ankle in every progress report since 01/23/13, lasting more than 3 to 4 weeks. An EMG may help uncover focal neurologic deficit. Recommendation is for authorization.

NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, low back chapter online, http://www.odg-twc.com/odgtwc/low_back.htm#ProcedureSummary

Decision rationale: According to the 11/19/13 report by [REDACTED], the patient presents with left foot and ankle pain along with paresthesia symptomology. The request is for one nerve conduction velocity of the bilateral lower extremities to assess for possible causation of left lower extremity radiculopathy symptoms. There were no were previous NCV studies conducted. MTUS and ACOEM guidelines do not discuss NCV. However, ODG guidelines have the following regarding NCV studies: "Not recommended. There is minimal justification for

performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy (Al Nezari, 2013)." In this situation, NCV studies are not recommended per ODG guidelines.

1 TRIGGER POINT INJECTION TO THE LEFT FOOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: According to the 11/19/13 report by [REDACTED], the patient presents with left foot and ankle pain along with paresthesia symptomologyhas. The request is for 1 trigger point injection to the left foot. There is no indication of any previous injections. MTUS page 122 states that "Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain" is necessary for trigger point injections. None of the progress reports indicate any circumscribed trigger points with evidence upon palpation of a twitch response. Recommendation is for denial.