

Case Number:	CM14-0118891		
Date Assigned:	08/06/2014	Date of Injury:	07/16/2001
Decision Date:	10/01/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family Medicine 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:

Patient is a 67-year-old male who has submitted a claim for degenerative disc disease of the cervical spine with radicular component, right shoulder impingement, right lateral epicondylitis status post arthroscopy, low back pain, bilateral carpal tunnel syndrome, and internal derangement of the left knee associated with an industrial injury date of 7/16/2001. Medical records from 2007 to 2014 were reviewed. Patient complained of bilateral upper extremity pain, associated with spasm, numbness, and tingling sensation. Right arm was weaker than the left resulting to unintentional dropping off items. Patient likewise complained of sleep difficulty and symptoms of depression. Patient reported low back pain and knee pain, aggravated by prolonged sitting, standing, and walking. Patient likewise complained of stomach upset secondary to medication use. Patient stated that Remeron allowed him to sleep longer, and likewise improved his mood. Physical examination showed restricted range of motion of the neck, lumbar spine, and bilateral shoulders. The request for knee brace was for stabilization. MRI of the cervical spine, undated, showed multi-level disc disease. EMG/NCV of bilateral upper extremities, undated, showed C8 radiculopathy and bilateral carpal tunnel syndrome. Official results were not available for review. Treatment to date has included cervical epidural steroid injection, right shoulder arthroscopy and decompression, right elbow arthroscopy and lateral epicondylar release, right knee arthroscopy, use of a TENS unit, physical therapy, chiropractic care, ice/heat modality, and medications such as Flexeril (since 2007), Remeron (since 2007), naproxen (since 2007), and Protonix (since 2008). Utilization review from 7/23/2014 denied the request for Naproxen 550 mg #60 because of no documented significant improvement in functionality; denied Flexeril 5 mg #60 because long-term use was not recommended and there was no evidence of benefit from medication use; denied Protonix 20 mg #60 because of no gastrointestinal complaints; denied Remeron 15 mg #30 because of continued sleep disturbance

despite its use; denied DME/unloading right knee brace because it was only recommended for better instability, ACL tear and MCL instability; denied DME/hinged right elbow brace because of no concomitant physical therapy; and denied Electromyography (EMG) studies Bilateral Upper Extremities (BUE) because of no clear indication for repeat testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on naproxen since 2007. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Naproxen 550 mg #60 is not medically necessary.

Flexeril 5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine/muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Flexeril since 2007. Although the most recent physical examination still showed evidence of muscle spasm, long-term use of muscle relaxant was not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Flexeril 5 mg #60 is not medically necessary.

Protonix 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk factors. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Protonix since 2008 for stomach upset secondary to intake of multiple oral medications. However, there was no documentation concerning pain relief and functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Protonix 20 mg #60 is not medically necessary.

Remeron 15 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Insomnia Treatment

Decision rationale: CA MTUS does not specifically address this issue. As stated in ODG Pain Section, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The specific component of insomnia should be addressed in terms of: sleep onset, sleep maintenance, sleep quality and next-day functioning. Sedating antidepressant, such as mirtazapine (Remeron), has been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. In this case, patient has been on Remeron since 2008. Patient complained of sleep difficulty and symptoms of depression. Patient recently stated that Remeron allowed him to sleep longer, and likewise improved his mood. The medical necessity for continuing management has been established. Therefore, the request for Remeron 15mg, #30 is medically necessary.

Unloading right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee Brace

Decision rationale: CA MTUS ACOEM guidelines indicate that a brace should be used for patellar instability, ACL tear, or MCL instability. According to ODG, criteria for use

prefabricated knee braces include knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom fabricated knee braces may be used in patients with abnormal limb contour, skin changes, severe osteoarthritis, maximal off-loading of painful or repaired knee compartment, or severe instability. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. In this case, the patient underwent right knee arthroscopy and the present request for a knee brace is to provide stabilization. The medical necessity for use of prefabricated knee brace has been established. However, there was no discussion stating that the knee brace will be used in conjunction with a rehabilitation program, which is a part of guideline recommendation for knee brace. Guideline criteria were not met. Therefore, the request for an unloading right knee brace is not medically necessary.

Hinged right elbow brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines -Elbow (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Splinting (padding)

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, Official Disability Guidelines was used instead. According to ODG, a splint or foam elbow pad worn at night may limit movement and reduce irritation. If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. In this case, the patient underwent right elbow arthroscopy and lateral epicondylar release, and the present request for elbow brace is to provide stabilization. The medical necessity for its use has been established. However, there was no discussion stating that it will be used in conjunction with a rehabilitation program, which is a part of guideline recommendation for elbow brace. Guideline criteria were not met. Therefore, the request for a hinged right elbow brace is not medically necessary.

Electromyography (EMG) studies Bilateral Upper Extremities (BUE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212,. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 10 (Elbow complaints) 2007 Pg 33; Chapter 11 (Forearm, Wrist and Hand Complaints) 2007 pg 251; Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)/Forearm, Wrist and Hand (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of bilateral upper extremity pain, associated with spasm, numbness, and tingling sensation. Right arm was weaker than the left resulting to unintentional dropping off items. Physical examination showed restricted range of motion of the neck, and bilateral shoulders. However, there was no recent comprehensive physical examination available to provide evidence for radiculopathy. The medical necessity cannot be established due to insufficient information. Moreover, an undated EMG/NCV of bilateral upper extremities was already accomplished showing C8 radiculopathy and bilateral carpal tunnel syndrome. There is no discussion as to why a repeat electrodiagnostic study is necessary at this time. Therefore, the request for Electromyography (EMG) studies Bilateral Upper Extremities (BUE) is not medically necessary.