

Case Number:	CM14-0133598		
Date Assigned:	08/27/2014	Date of Injury:	09/19/2007
Decision Date:	09/25/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational 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 58-year-old female who has submitted a claim for discogenic cervical condition, bilateral shoulder joint impingement syndrome, medial epicondylitis bilaterally, carpal tunnel syndrome bilaterally, depression, weight gain, and GERD associated with an industrial injury date of 9/19/2007. Medical records from 2013 to 2014 were reviewed. Patient had issues with GERD and sleep. Progress report from the 3/19/2014 stated that nerve studies were negative. Patient complained of neck pain, graded 7/10 in severity, associated with numbness and tingling sensation towards the bilateral hands and fingers. Pain was relieved to 3/10 in severity upon intake of Vicodin. Topamax was used for neuropathic pain, as well as headaches. Patient reported weak grip strength. Physical exam showed tenderness along the STT joint and CMC on the right side. There was tenderness along both shoulder without signs of impingement. There was no tenderness along the carpal tunnel. Treatment to date has included cortisone injection into the shoulder, acupuncture, physical therapy, use of a wrist brace, hot / cold modality, and medications such as Topamax, Wellbutrin, Protonix, and Vicodin (since March 2014). Utilization review from 8/8/2014 denied the request for EMG/NCV of bilateral upper extremities because there was no red flag condition or objective signs of neurologic dysfunction; denied Vicodin 5/325mg #60 with 1 refill because of no objective and quantifiable functional improvement from its use; modified the request for Vicodin 5/325mg #60 into #45 for purpose of weaning because of no objective functional improvement; certified Lidoderm patches 5% #30 (between 7/23/2014 and 10/4/2014) for neuropathic pain; denied Topamax 50mg #120 (7/23/14) because symptomatic relief should first be documented; denied Topamax 50mg #120 (between 7/23/14 and 10/4/2014) because there was no documented measurable pain reduction and the patient reported insomnia despite its use; certified the request for Wellbutrin 150mg #120 (between 7/23/14 and 10/4/2014) because the patient had depression and reported benefits from

its continued use; denied Flexeril 7.5mg #120 (7/23/2014) because there were no objective signs of muscle spasm; and modified the request for Flexeril 7.5mg #120 (between 7/23/14 and 10/4/2014) into #19 for the purpose of weaning because of lack of documented improvement; and denied the request for Protonix 20mg #60 (8/13/2014) and Protonix 20mg #60 (between 7/23/14 and 10/4/2014) because there was no concurrent NSAID use.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

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. Appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. However, there was no comprehensive physical examination available to support this request. Moreover, progress report from the 3/19/2014 stated that nerve studies were negative. There is no compelling rationale for a repeat electrodiagnostic testing at this time. The medical necessity was not established due to insufficient information. Therefore, the request for EMG/NCV of left upper extremity is not medically necessary.

EMG/NCV of right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537. Decision based on Non-MTUS Citation Official Disability Guidelines,

Neck and Upper Back, Nerve Conduction Studies Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

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. Appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of neck pain radiating to bilateral upper extremities, associated with numbness and tingling sensation. However, there was no comprehensive physical examination available to support this request. Moreover, progress report from the 3/19/2014 stated that nerve studies were negative. There is no compelling rationale for a repeat electrodiagnostic testing at this time. The medical necessity was not established due to insufficient information. Therefore, the request for EMG/NCV of right upper extremity is not medically necessary.

Vicodin 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 Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Vicodin since March 2014. Patient reported improved pain severity from 7/10 to 3/10 upon intake of medications. However, the medical records did not clearly reflect continued functional benefit, or a lack of adverse side effects. Urine drug screens were likewise not performed. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Vicodin 5/325mg #60 with 1 refill is not medically necessary.

Vicodin 5/325mg #60: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Vicodin since March 2014. Patient reported improved pain severity from 7/10 to 3/10 upon intake of medications. However, the medical records did not clearly reflect continued functional benefit, or a lack of adverse side effects. Urine drug screens were likewise not performed. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Vicodin 5/325mg #60 is not medically necessary.

Lidoderm patches 5% #30 (between 7/23/2014 and 10/4/2014): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57.

Decision rationale: Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, patient was initially on Topamax for neuropathic pain. However, symptoms persisted, prompting addition of Lidoderm patch. Guideline criteria were met. Therefore, the request for Lidoderm patches 5% #30 (between 7/23/2014 and 10/4/2014) is medically necessary.

Topamax 50mg #120 (7/23/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as Pregabalin and Gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Topamax as early as March 2014. Patient's manifestation of neck pain radiating to bilateral

upper extremities associated with numbness, is consistent with neuropathic pain. 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 Topamax 50mg #120 (7/23/14) is not medically necessary.

Topamax 50mg #120 (between 7/23/14 and 10/4/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as Pregabalin and Gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Topamax as early as March 2014. Patient's manifestation of neck pain radiating to bilateral upper extremities associated with numbness, is consistent with neuropathic pain. 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 Topamax 50mg #120 (between 7/23/14 and 10/4/2014) is not medically necessary.

Wellbutrin 150mg #120 (between 7/23/14 and 10/4/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

Decision rationale: As stated on page 16 of CA MTUS Chronic Pain Medical Treatment Guidelines, bupropion (Wellbutrin) is a second-generation non-tricyclic antidepressant which is likewise effective in treating neuropathic pain. In this case, patient has anxiety disorder and major depressive disorder. She has been on Wellbutrin since March 2014. However, medical records submitted and reviewed failed to indicate benefits derived from its use. There is no clear indication for continuing bupropion at this time. Therefore, the request for Wellbutrin 150mg #120 (between 7/23/14 and 10/4/2014) is not medically necessary.

Flexeril 7.5mg #120 (7/23/2014): Upheld

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

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, there was no prior use of Flexeril. However, the most recent physical examination failed to provide evidence of muscle spasm. There is no clear indication for this medication. Therefore, the request for Flexeril 7.5mg #120 (7/23/2014) is not medically necessary.

Flexeril 7.5mg #120 (between 7/23/14 and 10/4/2014): Upheld

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

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, there was no prior use of Flexeril. However, the most recent physical examination failed to provide evidence of muscle spasm. There is no clear indication for this medication. Therefore, the request for Flexeril 7.5mg #120 (between 7/23/2014 and 10/4/2014) is not medically necessary.

Protonix 20mg #60 (8/13/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 March 2014 for GERD. 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. Furthermore, patient did not meet any of the aforementioned risk factors. Therefore, the request for Protonix 20mg #60 (8/13/2014) is not medically necessary.

Protonix 20mg #60 (between 7/23/14 and 10/4/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 March 2014 for GERD. 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. Furthermore, patient did not meet any of the aforementioned risk factors. Therefore, the request for Protonix 20mg #60 (between 8/13/2014 and 10/4/2014) is not medically necessary.