

Case Number:	CM14-0152896		
Date Assigned:	09/23/2014	Date of Injury:	11/08/2011
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 53-year-old male who has submitted a claim for lumbar discopathy associated with an industrial injury date of November 8, 2011. Medical records from September 9, 2013 to August 29, 2014 were reviewed and showed that patient complained of low back pain graded 8/10 radiating down lower extremities with numbness and tingling. Physical examination revealed tenderness over mid to distal lumbar segments, decreased lumbar ROM, and hypeshestia along left L5 and S1 dermatome distribution. Evaluation of DTRs and strength of lower extremities was not documented. MRI of the lumbar spine dated February 17, 2014 revealed impingement of bilateral L5 nerve root. Treatment to date has included lumbar decompression surgery (1997) Cyclobenzaprine 7.5mg #120 (prescribed since 10/16/2013), Tramadol ER 150mg #90 (prescribed since October 16, 2013), and other pain medications. Of note, there was no documentation of functional improvement with pain medications. There was no discussion of other conservative management trial. Utilization review dated 09/09/2014 denied the request for cyclobenzaprine 7.5mg #120 because there was no documentation of functional improvement with use. Utilization review dated 09/09/2014 modified the request for Tramadol ER 150mg #90 to Tramadol ER 150mg #30 for the purpose of weaning. Utilization review dated September 9, 2014 denied the request for MRI of the lumbar spine because there was no change in patient's condition. Utilization review dated 09/09/2014 denied the request for EMG/NCV of bilateral lower extremities because electrodiagnostic studies will not determine the need for lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: According to the 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. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient has been prescribed Cyclobenzaprine 7.5mg #120 since 10/16/2013. However, there was no documentation of functional improvement with cyclobenzaprine. Moreover, the long-term use of cyclobenzaprine is not in conjunction with guidelines recommendation. Therefore, the request for Cyclobenzaprine 7.5 mg 120 count is not medically necessary or appropriate.

Tramadol ER 150 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. In addition, guidelines do not support ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was prescribed Tramadol ER 150mg #90 since 10/16/2013. However, there was no documentation of functional improvement or analgesia with tramadol use to support treatment extension. Therefore, the request for Tramadol ER 150 mg, ninety count, is not medically necessary or appropriate.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of low back pain radiating down lower extremities with numbness and tingling. Physical findings include hypesthesia along L5 and S1 dermatome distribution. Evaluation of DTRs and strength of lower extremities was not documented. Therefore, the presence of focal neurologic deficit cannot be determined due to insufficient information. Moreover, there was no discussion of other conservative management trial to support treatment failure. There is no clear indication for lumbar spine MRI at this time. Of note, MRI of the lumbar spine was already done on February 17, 2014 with results of bilateral L5 nerve root impingement. It is unclear as to why repeat lumbar spine MRI is needed. Therefore, the request for MRI of the lumbar spine is not medically necessary.

Electromyography (EMG) of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient complained of low back pain radiating down lower extremities with numbness and tingling. Physical findings include hypesthesia along L5 and S1 dermatome distribution. Evaluation of DTRs and strength of lower extremities was not documented. The presence of focal neurologic deficit cannot be determined due to insufficient information; thus, the medical necessity for EMG cannot be established. Therefore, the request for EMG of bilateral lower extremities is not medically necessary.

Nerve conduction velocity (NCV) testing of bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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 X Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of 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, the patient complained of low back pain radiating down lower extremities with numbness and tingling. Physical findings include hypesthesia along L5 and S1 dermatome distribution. Evaluation of DTRs and strength of lower extremities was not documented. NCV is a reasonable option for the patient who presented with symptoms of neuropathy. Therefore, the request for NCV testing of bilateral lower extremities is medically necessary and appropriate.