

Case Number:	CM14-0164806		
Date Assigned:	10/09/2014	Date of Injury:	08/29/2010
Decision Date:	12/08/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/07/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 injured worker is a 50-year-old woman with a date of injury of 08/29/2010. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes the requesting provider dated 06/03/2014, 07/08/2014, 08/19/2014, and 10/01/2014 indicated the worker was experiencing neck and shoulder pain and paresthesias in the hands and fingers #3. Symptoms were reportedly helped with physical therapy with upper spine traction, psychologic therapy, heat and ice, relaxation techniques, a weight loss program, and a foam roller. Documented examinations consistently described decreased motion in the upper spine joints, tenderness in the muscles in the upper back and around the left shoulder, and muscle spasm in some of the upper back and left shoulder muscles. The submitted and reviewed documentation concluded the worker was suffering from degenerative disk disease and a torn rotator cuff. Treatment recommendations included oral and topical medications, specialist consultations for consideration of injected medications and shoulder surgery, repeat electromyography (EMG) and nerve conduction study (NCS) of the left arm, continued physical therapy with the use of upper spine traction, and use of upper spine traction at home. A Utilization Review decision was rendered on 09/10/2014 recommending partial certification for baclofen (Lioresal) 10mg #20 and gabapentin 600mg #30 and recommending non-certification for an EMG and NCS of the left arm, a cervical traction unit, acetaminophen 500mg #60, naproxen 550mg #60, and ketoprofen/lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG)/Nerve Conduction Velocity (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 Chronic Pain Treatment Guidelines Neck and Upper Back Complaints; Forearm, Wrist, and Hand Complaints Page(s): 165-188; 261.

Decision rationale: The MTUS Guidelines recommend the use of electromyography (EMG) to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms. Another reason an EMG is recommended is to clarify nerve root dysfunction in cases when a bulging disc in the upper spine is suspected before treatment with surgery. This study is also recommended in the diagnosis of nerve root problems when the documented history, examination, and imaging studies are inconsistent. In addition, an EMG is recommended to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The MTUS Guidelines recommend the use of nerve conduction velocity (NCV) studies to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed records did not describe a clinical scenario that met any of the above indications suggested by the MTUS Guidelines. These studies had been performed in 2011. There was no discussion indicating the reasons for requesting these studies be repeated or describing extenuating circumstances that would require them. In the absence of such evidence, the current request for EMG and NCS testing of the left arm is not medically necessary.

Cervical Traction Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Anderson BC, et al. Treatment of neck pain. Topic 7777, version 23.0. UpToDate, accessed 11/02/2014

Decision rationale: The submitted and reviewed documentation indicated the worker was experiencing neck and shoulder pain. The MTUS Guidelines are silent on the use of cervical traction at home in this clinical situation. Studies of cervical traction delivered along with a physical therapy program have not shown this treatment to provide greater benefit than placebo. The literature does not support using cervical traction for the treatment of neck pain. In the absence of such evidence, the current request for a cervical traction unit is not medically necessary.

Lioresal 10mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Weaning of Medications Page(s): 63-66; 124..

Decision rationale: Baclofen is in the antispastic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. The Guidelines support the use of baclofen in the treatment of spasticity and muscle spasm related to multiple sclerosis or spinal cord injuries. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing neck and shoulder pain. Documented examinations consistently described spasm in some of the upper back and shoulder muscles. The reviewed records indicated this medication had been used for at least several months and did not describe improved pain control, decreased use of pain medications, enhanced function, or a better overall quality of life with its use. The MTUS Guidelines recommend a slow, individualized taper when baclofen is not medically necessary to avoid complications from physical withdrawal. For these reasons, the current request for baclofen (Lioresal) 10mg, #30 is medically necessary.

Gabapentin 600mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

Decision rationale: Gabapentin is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted and reviewed documentation indicated the worker was experiencing neck and shoulder pain with paresthesias in the hands. There was no description of improved pain and/or function with this medication, of dose adjustments, or of side effects. In the absence of such evidence, the current request for gabapentin 600mg #100 is medically necessary.

Acetaminophen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12..

Decision rationale: The MTUS Guidelines recommend the use of acetaminophen for on-going pain and/or recent flares of on-going pain. However, the benefits of its use must be weighed on an individualized basis against risks of complications and of negative side effects. The submitted and reviewed documentation indicated the worker was experiencing on-going neck and shoulder pain. However, there was no discussion describing benefit from the use of this medication, side effects, or an individualized assessment for continued use. In the absence of such evidence, the current request for acetaminophen 500mg, #60 is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73..

Decision rationale: Naproxen is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation indicated the worker was experiencing on-going neck and shoulder pain due to degenerative disk disease and a torn rotator cuff. There was no discussion describing benefit from the use of this medication, side effects, or an individualized risk assessment for continued use. In the absence of such evidence, the current request for naproxen 550mg #60 is not medically necessary.

Keto/Lido Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113..

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested compound contains medications from the non-steroidal anti-inflammatory drug (NSAID) (ketoprofen) and the anesthetic (lidocaine) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use

is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. The submitted and reviewed documentation indicated the worker was experiencing on-going neck and shoulder pain. These records report this topical cream had been used for at least several months. There was no discussion describing extenuating circumstances supporting its use. Because the individual medications in the compound are not recommended by the MTUS Guidelines, the current request for ketoprofen/lidocaine cream is not medically necessary.