

<b>Case Number:</b>	CM14-0171735		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/22/2013
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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:

The patient is a 37 year-old man who was injured at work on 6/22/2013. The injury was primarily to his back, right knee and right ankle. He is requesting review of denial for the following: EMG/NCV of the Bilateral Lower Extremities; Tramadol 50mg #45; Omeprazole 20mg #60; and Cyclobenzaprine 7.5mg #60. Medical records corroborate ongoing care for his injuries. These records include the Primary Treating Physician's Progress Reports. The chronic diagnoses include lumbosacral strain/sprain; thoracolumbar strain/sprain; right knee medial meniscus degeneration; and right ankle strain/sprain. The last documented office visit was 7/15/2014 with his primary treating physician. The patient stated that he had "less pain to my low back, rt. knee, rt. ankle and mid back region with the therapy. I have less spasm and swelling. Pain is worse on lifting, sitting, standing, walking, forward bending, and climbing." Physical examination is notable for tenderness of the lumbar and thoracic spine, and the lateral joint line of the knee and right medial ankle with "improving rom." A request was subsequently made for EMG/NCV as well as refill of the above listed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of bilateral lower extremities:** Upheld

**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): 287-328.

**Decision rationale:** The MTUS/ACOEM Guidelines, Chapter 12, Low Back Complaints (pages 287-328), addressed the use of neurodiagnostic testing for patients with suspected neuropathy as a component of their ongoing symptoms. These guidelines stated (page 303) that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The medical records available for review do not contain information to support a suspected neuropathy. There is insufficient documentation to support the presence of a neuropathy causing the patient's low back pain. The Primary Treating Physician's Reports do not include objective findings on examination that suggests neuropathic pain. Specifically, there is no evidence of a detailed neurologic examination, e.g. deep tendon reflexes, sensory, and motor examination. The last entry in the record, as described above, suggests the patient was experiencing improvement in his symptoms with less pain and spasm. There is no information provided in the patient's history, which suggests a neuropathic etiology for his pain. In summary, there is insufficient documentation in support of diagnostic testing with EMGs in this patient. Therefore, this request is not medically necessary.

**Tramadol 50mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction

medicine consult if there is evidence of substance misuse (pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Therefore, this request is not medically necessary.

**Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, PPIs.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment and the Official Disability Guidelines comment on the use of proton pump inhibitors (PPIs) in patient who are taking non-steroidal anti-inflammatory drugs (NSAIDs). These criteria indicate that clinicians should determine if the patient is at risk for a gastrointestinal (GI) event. Risk factors for a GI event include the following: Age > 65 years; History of a Peptic Ulcer, GI Bleeding or Perforation; Concurrent use of ASA, Corticosteroids, and/or an Anticoagulant; or High Dose/Multiple NSAIDs. In patients determined to be at intermediate or high-risk for a GI event, an NSAID with a PPI is appropriate. In reviewing the medical records, there is no documentation that indicates that this patient meets these stated criteria for intermediate or high-risk. As such, this request is not medically necessary.

**Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, such as cyclobenzaprine. Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril ) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter

courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case the duration of use of cyclobenzaprine far exceeds the MTUS recommendations for a "short course of therapy." There is insufficient justification in the medical records that support a course of therapy that exceeds these MTUS recommendations. Therefore, cyclobenzaprine is not considered a medically necessary treatment.