

<b>Case Number:</b>	CM14-0174635		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	04/05/2014
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 & Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia & Ohio. 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:

This individual is a fifty year old female who sustained an industrially related injury on April 5, 2014 involving her neck and upper extremities, mid and low back. She has ongoing complaints of; cervical pain (3/10) with radicular symptoms, low back pain (4-6/10) with radicular symptoms to left leg, mid back pain (4-6/10), Shoulder and upper extremity pain (3/10). Radiographs done at time of injury of her left hip, pelvis, and lumbosacral back showed some degenerative changes but no acute processes. Most recent physical examination provided in the available medical record notes tender cervical and lumbar spine (spasm?), tender wrist with positive impingement and empty can test with right shoulder. It should be noted that the treating physicians notes were handwritten and difficult to decipher in parts. She is requesting cyclobenzaprine for muscle spasm/pain, tramadol for pain, electrodiagnostic studies of her upper and lower extremities, a topical anti-inflammatory and functional improvement testing (NIOSH).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV right lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

**Decision rationale:** ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious". The available medical records describe clinically obvious radiculopathy; described as pain, numbness and tingling to the right lower extremity. As such the request for EMG/NCV right lower extremity is deemed not medically necessary.

**EMG/NCV right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

**Decision rationale:** ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The available medical records note a complaint of shooting pain to the right neck and upper extremity pain. EMG would be an appropriate modality to differentiate between cervical radiculopathy and other causes of upper extremity pain. As such, I am reversing the prior decision and find EMG/NCV right upper extremity to be medically necessary.

**Urinalysis/toxicology done on 9-23-14 (retro):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43, 74-96.. Decision based on Non-MTUS Citation 43, 74-96.

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated, additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening:- "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. -"moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. -"high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. As such, the current request for retrospective urinalysis drug screening is deemed not medically necessary.

**Omeprazole 20mg #30:** Upheld

**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:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease :(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding, perforation or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg x30 with three refills is deemed not medically necessary.

**Tramadol 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80,81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

**Decision rationale:** Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed his trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for tramadol is deemed not medically necessary.

**Cyclobenzaprine 5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. "Up-to-date "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding

cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended. "Other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Cyclobenzaprine 5mg is deemed not medically necessary.

**Cream, Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Baclofen is "Not recommended." As such the request for; Cream, Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% is deemed not medically necessary.

**NIOSH: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Institute for Occupational Safety and Health and Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: NIOSH website ([www.CDC.gov.niosh](http://www.CDC.gov.niosh))

**Decision rationale:** This request simply states "NIOSH" which is the national institute for occupational safety and health. Presumably it is a reference to functional improvement testing as prescribed by that organization. CA-MTUS states that functional improvement measures serve as "a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function. It should include the following categories: Work Functions and/or Activities of Daily Living, Self-Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc.): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc. Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be documented in degrees.

Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. The NIOSH website does not offer and specific guidelines for functional assessment. Therefore the above quoted examples from the CA-MTUS would be the primary description of the evaluation of the improvement measures. As they do not detail any evaluations outside the scope of practice of the primary provider, and as there is little detail provided to specifically state what is being request in regard to the request for NIOSH, this request is deemed not medically necessary.

**Referral to General Ortho:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177, 208-209, 289, 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Office Visits

**Decision rationale:** ACOEM states for a shoulder injury "Referral for surgical consultation may be indicated for patients who have: - Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.) - Activity limitation for more than four months, plus existence of a surgical lesion - Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion - Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair". ACOEM states for neck and upper back injuries "The presence of a herniated cervical or upper thoracic disk on an imaging study, however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disk herniation's that apparently do not cause symptoms. Referral for surgical consultation is indicated for patients who have: - Persistent, severe, and disabling shoulder or arm symptoms- Activity limitation for more than one month or with extreme progression of symptoms- Clear clinical, imaging, and electrophysiological evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term- Unresolved radicular symptoms after receiving conservative treatment. ACOEM states concerning low back complaints: "Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas." The treating physician has not

provided the specific goal of the orthopedic referral and has not provided documentation to meet the above ACOEM guidelines for referral to an orthopedic specialist for shoulder, neck, and/or low back complaints. As such the request for an Orthopedic Referral is deemed not medically necessary.

**Internal Medicine Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. 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) Pain, Office Visits

**Decision rationale:** ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". The treating physician did not provide a medical rationale as to why an IM consult is needed at this time. As such, the request for Internal Medicine Consultation is deemed not medically necessary.

**Acupuncture 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture

**Decision rationale:** MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should be "3-4 visits over 2 weeks with evidence of objective functional

improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" There is no evidence provided that indicates the patient received acupuncture before or that the acupuncture sessions are being used as an adjunct to physical rehabilitation or surgical intervention. As such, the request for Acupuncture for 2 Times a Week for 4 Weeks is deemed not medically necessary.