

<b>Case Number:</b>	CM14-0179719		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	12/24/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, bilateral wrist pain, psychological stress, insomnia, migraine headaches, and thigh pain reportedly associated with an industrial injury of December 24, 2008. Thus far, the applicant has been treated with analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated October 8, 2014, the claims administrator partially approved a request for OxyContin, partially approved request for Baclofen, approved request for Cymbalta, and denied electrodiagnostic testing of the lower extremities. The applicant's attorney subsequently appealed. In a November 4, 2013 progress note, the applicant reported ongoing complaints of chronic low back pain with derivative complaints of anxiety and depression. The applicant exhibited 5/5 lower extremity strength with facetogenic tenderness and paraspinal tenderness. The applicant was asked to continue Dilaudid. Permanent work restrictions were renewed. It was suggested (but not clearly stated) whether the applicant was in fact working with said permanent limitations in place at this point in time. In a September 20, 2014 progress note, the applicant presented with chronic low back pain, depression, and anxiety. It suggested that the applicant's chronic low back pain was predominantly facetogenic in nature. It was stated that the applicant had been reprimanded for poor performance at work, which she attributed to her ongoing pain complaints. The applicant's medication list included OxyContin, Baclofen, Cymbalta, Flector, Levoxyl, Norvasc, Klonopin, it was stated. The attending provider then stated that he was also seeking electrodiagnostic testing of the lower extremities in light of the applicant's paresthesias, numbness, and weakness about the legs. The applicant stated that her sleep was, at times, interrupted secondary to pain. The applicant stated that she was using Klonopin for epilepsy. The

applicant was asked to continue all of her medications. The applicant's was quite obese, with a BMI of 36, it was incidentally noted. The applicant stated that her pain was interfering with her ability to concentrate, do jobs around the home, her ability to lift articles, her ability to carry grocery, and her ability to walk. In another section of the note, somewhat incongruously, it was stated that the applicant was not working as her employer was presently unable to accommodate her limitations. The note, thus, was extremely difficult to follow and mingled old complaints with current complaints. It was noted that the applicant was hypothyroid. In a September 26, 2014 Medical-legal Evaluation, the applicant was given a 16% whole-person impairment. The Medical-legal evaluator suggested that the applicant undergo functional capacity evaluation to quantify her abilities and capabilities. It was noted that the applicant was not currently working and had been on and off of work for large portions of the claim.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OxyContin 10mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, it was acknowledged on the most recent October 23, 2014 progress note, referenced above. The applicant's pain complaints are heightened from visit to visit, as opposed to reduce from visit to visit, despite ongoing medication consumption, it has been suggested on several occasions, referenced above. The applicant is having difficulty performing activities of daily living as basic as standing, walking, carrying a bag of groceries, squatting, doing jobs around the home, etc., the attending provider has further acknowledged. All of the foregoing, taken together, does not make a compelling case for continuation of OxyContin. Therefore, the request is not medically necessary.

**Baclofen 10 mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16, 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen, Functional Restoration Approach to Chronic Pain Management Page(s): 64,7.

**Decision rationale:** While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Baclofen is recommended orally for the treatment of spasticity and muscle spasms associated with multiple sclerosis and spinal cord injuries but can be employed

off label for neuropathic pain, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work. The applicant's pain complaints are heightened from visit to visit, despite ongoing Baclofen usage. Ongoing Baclofen usage has failed to curtail the applicant's dependence on opioid agents such as OxyContin and Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Baclofen. Therefore, the request is not medically necessary.

**EMG/NCS of the bilateral lower extremities:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309, 377.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, needle EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction. Here, the applicant has reported some acute decompensation in lower extremity radicular complaints. Obtaining electromyography (EMG) testing to delineate the presence or absence of an active radicular process is indicated. Therefore, the request is indicated. Therefore, the EMG component of the request is medically necessary. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies of the lower extremities for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended," here, however, the applicant carries several systemic disease processes, including hypothyroidism and hypertension, the former of which does predispose the applicant toward development of a generalized peripheral neuropathy or generalized lower extremity neuropathy. The NCS component of the request is therefore indicated to help differentiate between a lumbar radiculopathy and a superimposed process such as a hypothyroidism-induced peripheral neuropathy here. Therefore, the request is medically necessary.