

Case Number:	CM14-0027022		
Date Assigned:	06/13/2014	Date of Injury:	03/17/2008
Decision Date:	07/16/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 Medicine and is licensed to practice in Texas. 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 38 year old male injured on 03/17/08 due to an undisclosed mechanism of injury. Current diagnoses include neck pain and left shoulder pain status post surgeries to both neck and left shoulder. The clinical note dated 01/17/14 indicates the injured worker presented complaining of severe neck and shoulder pain worsened due to cold weather. The documentation indicates the injured worker was approved for MRI scan of the cervical spine; however, is awaiting completion. The injured worker reports numbness in the bilateral upper extremities and over reaching is difficult. Physical examination of the cervical spine revealed tenderness at C2-C7 is 4+, surgical scar tenderness, and muscle spasms are present. Examination of the left shoulder reveals 4+ tenderness, movements are extremely painful, and range of motion up to 90 degrees. Treatment plan includes completion of cervical spine MRI, EMG due to weakness in upper extremities, continuation of Oxycodone and Oxycontin, and prescription for Methocarbamol 750mg 2 tablets three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF OXYCODONE 15MG #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Oxycodone 15MG #150 cannot be established at this time.

ONE PRESCRIPTION OF OXYCONTIN 60MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Oxycontin 60MG #60 cannot be established at this time.

ONE PRESCRIPTION OF METHOCARBAMOL 750MG #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ANTISPASMODICS Page(s): 65.

Decision rationale: As note on page 65 of the Chronic Pain Medical Treatment Guidelines, Methocarbamol is considered an antispasmodic. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the Food and Drug Administration in 1957. Dosing: 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day. Current guidelines indicate usage of muscle relaxants should not exceed more than four weeks for acute pain. The current dosing guidelines indicate the need for approximately 180 tablets. As such, the request for Methocarbamol 750mg #180 is recommended as medically appropriate.

ONE (EMG)ELECTROMYOGRAPHY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: As noted in current CA MTUS, electromyography is not recommended for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. Electromyography (EMG) is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and highly specific (65%-85%). The injured worker was pending completion of cervical spine MRI to establish current status. As such, the request for one electromyography (EMG) cannot be recommended as medically necessary at this time

ONE (NCS) NERVE CONDUCTION STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in current Official Disability Guidelines, nerve conduction studies (NCS) are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyography (EMG) and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a injured worker is already presumed to have symptoms on the basis of radiculopathy. As such, the request for one nerve conduction study (NCS) cannot be recommended as medically necessary.