

Case Number:	CM14-0040451		
Date Assigned:	06/27/2014	Date of Injury:	01/01/2007
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 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:

This is a 58-year-old female with a 1/1/07 date of injury. She was working as an Account Executive and began to experience pain symptoms in her cervical spine and bilateral wrists. On 2/28/14, the patient reported neck pain radiating to the shoulders and down the wrists. Objective findings include mild to moderate discomfort, tenderness of the cervical paraspinal from C1 to T1, slightly decreased cervical range of motion, intact motor examination, and slight decrease in sensation in the right thumb and index. On 6/9/14, the patient remained symptomatic with neck pain associated with muscle spasm that radiates into the bilateral trapezius muscles. Her pain radiates into both shoulders and wrists. She continues to note withdrawal symptoms when attempting to reduce her pain medication. The patient states her pain is reduced to a 4/10 with her current medication regimen, and she has 40 to 50% improvement of function with her current regimen. She denies adverse side effects, there is no aberrant behavior, and she has an opiate pain contract. It is also documented that the provider is attempting to seek approval for an opioid detox program to allow for tapering of the patient's Morphine ER. Diagnostic Impression: Cervicalgia, s/p ACDF C5-7, Congenital Fusion at C2-3, and Opioid dependency. Treatment to date: acupuncture, medication management, s/p ACDF C5-7 on 6/1/11, medial branch nerve blocks. A UR decision dated 3/24/14 denied the requests. The electrodiagnostic studies were denied because the most recent progress report suggested a slight decrease in the sensation of the right thumb and right index, and did not document any muscle atrophy, weakness, or loss of reflexes in the upper extremities, therefore ruling out radiculopathy. On the most recent progress report on 1/13/14, the patient had recently undergone a series of electrodiagnostic tests. Since the patient already had a similar examination, the requested evaluation was not necessary. Morphine was denied because guidelines support the use of this medication in patients in need of around-the-clock pain relievers. The patient is in moderate-to-severe pain, but the records failed

to document any exceptional circumstances that would support continuation with a strong opiate such as Morphine. In addition, it was documented that the patient did not tolerate Morphine well and requested to be weaned off the medication. Morphine was modified from 120 tablets to 40 tablets to initiate weaning. Robaxin was denied due to the fact that the patient has been on this medication continuously since 2011, and the provider documented that the tapering process had started and was completed. Adderall was denied due to the fact that it was noted that it was prescribed by an outside physician. The records do not provide any documentation of a psychiatric condition that would warrant the use of Adderall. Trigger point injections were denied because the records did not indicate the presence of trigger points and the patient previously had acupuncture and massage that were beneficial in decreasing pain and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic studies of the upper extremities-: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Index, Neck and Upper Back (Acute and Chronic), Nerve Conduction Studies.

MAXIMUS 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) Neck and Upper Back Chapter.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, from the documentation provided, it is noted that the patient has previously had electrodiagnostic studies. There is no specific rationale provided as to why the patient needs repeat electrodiagnostic studies. Therefore, the request for Electrodiagnostic studies of the upper extremities was not medically necessary.

Morphine ER 15 mg, QTY: 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates pg 78-81 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient is documented to have functional improvement and continued analgesia from her current medication regimen. She is noted to have severe withdrawal symptoms with the initiation of tapering, and was unable to tolerate it. The provider has requested an opiate

detoxification program, which has been denied. There is no evidence of aberrant behavior or adverse side effects from the current medication regimen, and the patient does have an opiate pain contract in place and consistent urine drug screens. Therefore, the request for Morphine ER 15 mg Qty 120 was medically necessary.

Robaxin 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Methocarbamol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants pg 63-66 Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, this patient is noted to be on Robaxin dating back to 2011, and the guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. In addition, there is no description of an acute exacerbation of the patient's chronic pain. Therefore, the request for Robaxin 750 mg was not medically necessary.

Adderall: 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 Drugs.com (Adderall) and the Food and Drug Administration (FDA).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Adderall contains a combination of amphetamine and dextroamphetamine. Amphetamine and dextroamphetamine are central nervous system stimulants that affect chemicals in the brain and nerves that contribute to hyperactivity and impulse control. Adderall is used to treat narcolepsy and attention deficit hyperactivity disorder (ADHD). However, there is no clear description of narcolepsy or ADHD in this patient. It is unclear why the patient is taking Adderall. In addition, the quantity and dosage of Adderall is not specified. Therefore, the request for Adderall was not medically necessary.

Trigger point injections, QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175,Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections pg 122 Page(s): 122.

Decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. However, there is no description of a circumscribed trigger point with evidence upon palpation of a twitch response with referred pain. In addition, this patient is noted to have radicular pain. Therefore, the request for Trigger Point Injections Qty 4 was not medically necessary.