

Case Number:	CM14-0043850		
Date Assigned:	08/06/2014	Date of Injury:	03/01/2012
Decision Date:	09/11/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/10/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

8/23/13 PR-2 notes cervical pain in C6-7 mainly when turning head with pain and swelling to the side of neck where a bullet was lodged. 9/23/13 CT scan of neck indicates multilevel DJD at C3-4, C4-5, and C6-7. 9/18/13 report notes severe pain in the neck and low back. Examination notes pain on range of motion with normal range of motion in the neck and shoulder. 9/11/13 note reports normal muscle strength in the upper and lower extremities with no radicular signs noted on exam. There was normal sensation. 1/8/14 note indicates pain in the neck and back. There is tenderness in the neck area with reduced ROM in the left shoulder. 2/21/14 note indicates normal EMG and NCV study of the lower extremities. 2/28/14 note indicated EMG and NCV of upper extremities with finding of left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325mg #60, as prescribed on 02/19/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, opioids.

Decision rationale: The medical records provided for review support a pain condition with demonstrated ongoing severity in support of opioid therapy that has otherwise failed other conservative care with PT and NSAIDs. There is support of ongoing opioid treatment mitigation plan including UDS. ODG supports opioid therapy with 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment.

Topical Cream of Tramadol, Ketoprofen and Gabapentin, as prescribed on 02/19/2014:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, topicals Page(s): 111.

Decision rationale: Topical tramadol and gabapentin are not supported as approved by FDA for single topical use. ODG guidelines do not support topical agent that contains one or more agents that are not approved for topical use on individual basis.

CT Scan of the Neck: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, CT scan.

Decision rationale: The medical records provided for review do not support presence of a progressive neurologic decline or myelopathy by reported serial examination. ODG guidelines do not support CT scan of cervical spine except in case of new or progressive myelopathy.

CT Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar spine, CT scan.

Decision rationale: The medical records provided for review do not support presence of a progressive neurologic decline or myelopathy by reported serial examination. ODG guidelines do not support CT scan of lumbar spine except in case of new or progressive myelopathy.

Electromyography (EMG) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, EMG.

Decision rationale: The medical records reflect previous EMG/NCV studies as having been performed and were normal. 2/21/14 note indicates normal EMG and NCV study of the lower extremities. 2/28/14 note indicated EMG and NCV of upper extremities with finding of left carpal tunnel syndrome. The medical records do not indicate any progressive neurologic abnormalities in regard to sensory, motor, or reflexes. There is no documentation reporting any concern for neuromuscular junction disorder or suspicion of myelopathy. With these findings, EMG of the bilateral upper extremity would not be supported.

Nerve Conduction Velocity (NCV) of the Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck, ncv.

Decision rationale: The medical records reflect previous EMG/NCV studies as having been performed and were normal. 2/21/14 note indicates normal EMG and NCV study of the lower extremities. 2/28/14 note indicated EMG and NCV of upper extremities with finding of left carpal tunnel syndrome. The medical records do not indicate any progressive neurologic abnormalities in regard to sensory, motor, or reflexes. There is no documentation reporting any concern for neuromuscular junction disorder or suspicion of myelopathy. With these findings, NCV of the bilateral upper extremity would not be supported.

Electromyography (EMG) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, EMG.

Decision rationale: The medical records reflect previous EMG/NCV studies as having been performed and were normal. 2/21/14 note indicates normal EMG and NCV study of the lower extremities. 2/28/14 note indicated EMG and NCV of upper extremities with finding of left carpal tunnel syndrome. The medical records do not indicate any progressive neurologic abnormalities in regard to sensory, motor, or reflexes. There is no documentation reporting any concern for neuromuscular junction disorder or suspicion of myelopathy. With these findings, EMG of the bilateral lower extremity would not be supported.

Nerve Conduction Velocity (NCV) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Update to Chapter 12, Low Back Disorders, pgs 60-61.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, NCV.

Decision rationale: The medical records reflect previous EMG/NCV studies as having been performed and were normal. 2/21/14 note indicates normal EMG and NCV study of the lower extremities. 2/28/14 note indicated EMG and NCV of upper extremities with finding of left carpal tunnel syndrome. The medical records do not indicate any progressive neurologic abnormalities in regard to sensory, motor, or reflexes. There is no documentation reporting any concern for neuromuscular junction disorder or suspicion of myelopathy. With these findings, NCV of the bilateral lower extremity would not be supported.

