

<b>Case Number:</b>	CM14-0076563		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine and Rehabilitation 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 medical records reflect the claimant is a 49 male who sustained a work injury on 12-11-09. On this date, the claimant was assaulted by a coworker. He was hit in the back of the head several times with a walkie-talkie. He had pain in his right leg, neck pain, and shoulder pain. The injury was witnessed and reported. He was seen at [REDACTED], given pain medication. The claimant has been treated with medications and physical therapy. An evaluation on 4-23-14 noted "the claimant reports having constant severe throbbing headaches at the occipital, temporal, and frontal areas. The pain radiates to the neck and upper back frequently. The pain also radiates to the dorsal forearms to the wrists. There is constant tingling and numbness in the dorsum of the left forearm and ulnar nerve area of the left hand. There is weakness of the left upper extremity. The pain is aggravated by performing any neck movement, any reading, and trying to think. On a scale of 1 to 10, with 10 being worst, he rates the pain as ranging from 7 to 10. He reports having constant blurred vision, intermittent tinnitus in both ears, a clear fluid discharge from both ears and from his nose, and severe frequent memory loss. He reports having constant nausea and intermittent bouts of vomiting. He also reports that his tongue has been numb since one year. He drools and also has problems swallowing. He reports having severe balance issues, and he cannot walk without a cane or drive. At present, the claimant reports having constant severe pain, stiffness, and soreness in the bilateral shoulders, elbows, forearms, wrists, hands, and all fingers. On a scale of 1 to 10, with 10 being worst, he rates the pain as ranging from 7 to 10. The pain is aggravated by performing all movements, gripping, grasping, pushing, or pulling. He has noted that he drops objects due to weakness. The claimant feels that the upper extremity pain is radiating from the cervical spine. At present, the claimant reports having severe constant pain in the low back that constantly radiates to his left lower extremity and to the plantar aspect of the left foot. He has weakness, numbness, and tingling with giving

way at times of the left hip and left lower extremity with many subsequent falls. He has slight bladder incontinence, which he attributes to numbness and tingling. The claimant reports that he has been impotent since this injury. On a scale of 1 to 10, with 10 being worst, he rates the pain as ranging from 7 to 10. His pain is aggravated by bending, walking, standing, weight bearing, twisting, crouching, stooping, kneeling, lifting, carrying, or sitting. The claimant reports having intermittently slight to moderate pain, acidity, bloating, and pressure of the stomach, which he attributes to the intake of medications. He has intermittent acid reflux and heartburn. He reports having an anal fissure. Currently, the claimant reports having constantly moderate to severe sleep loss due to physical pain, discomfort, and muscle tension. He has frequent racing thoughts and cannot find a restful position."

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

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

#### **Functional Capacity Evaluation (FCE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Functional Improvement Measures.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines as well as ODG notes that functional improvement measures for chronic pain are used to consider return to normal quality of life. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The medical records reflect that this claimant was considered to be permanent and stationary by an agreed medical evaluation psychologist on 8-23-12. The claimant was given work restrictions. Therefore, the medical necessity for a Functional Capacity Evaluation at this time is not established as medically indicated.

#### **Omeprazole 20mg, qty 60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - NSAIDs, and on the Non-MTUSUS National Library of Medicine.

**Decision rationale:** The reasons for reversing the prior UR decision are listed in the rationale below. US National Library of Medicine reflects that prescription Omeprazole is used alone or with other medications to treat gastroesophageal reflux disease (GERD), a condition in which backward flow of acid from the stomach causes heartburn and possible injury of the esophagus

(the tube between the throat and stomach). Prescription Omeprazole is used to treat the symptoms of GERD, allow the esophagus to heal, and prevent further damage to the esophagus. Omeprazole is in a class of medications called proton-pump inhibitors. It works by decreasing the amount of acid made in the stomach. The claimant reports he has intermittent acid reflux and heartburn. Based on the records provided, the request for Omeprazole is reasonable, particularly since the claimant is provided with Ibuprofen, an NSAID that commonly causes secondary GI effects. Therefore the request is medically necessary.

**Unknown Prescription for topical cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant failed first line of treatment or that he cannot tolerate the oral medications that are being prescribed. Therefore, the medical necessity of this request was not established.

**Toprophan, qty 30:** 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), Pain Chapter, Insomnia Treatment.

**Decision rationale:** The ODG reflects that recommend correcting deficits, as non-restorative sleep is one of the strongest predictors for pain. The ODG recommends that treatment be based on the etiology. The claimant reports insomnia, but there is an absence in documentation noting this claimant's sleep pattern or that treatment is based on the etiology of confirmed sleep insomnia. Therefore, the medical necessity of this request is not established.

**Interferential (IF) Unit (unspecified purchase or rental):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - TENS unit.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines as well as ODG notes that an interferential unit is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, phantom limb pain. There is an absence in documentation noting that this claimant has had a trial with daily pain diaries noting functional and documented improvement. Therefore, the medical necessity of this request is not established. Additionally, this is a nonspecific request.

**EMG of bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain - Electrodiagnostic Testing and on the Non-MTUS Official Disability Guidelines (ODG), Cervical Spine Chapter, EMG.

**Decision rationale:** The ACOEM guidelines reflect that Needle EMG is recommended when a spine computed tomography or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. EMG is not recommended for claimants with subacute or chronic spine pain who do not have significant arm or leg pain, paresis or numbness. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Therefore, the medical necessity of this request is not established.

**NCV of bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain - Electrodiagnostic Testing and on the Official Disability Guidelines (ODG), Cervical Spine Chapter, NCS.

**Decision rationale:** The ODG reflects that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by 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 claimant is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Therefore, the medical necessity of this request is not established.

#### **Urine Drug Screen: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 10.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing opioids treatment Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ongoing Use of Opioids.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines reflect that the use of drug screening is reasonable in patient with issues of abuse, addiction, or poor pain control. There is an absence in documentation noting that this claimant is being prescribed an opioid analgesic that would require monitoring with UDS. Therefore, the medical necessity of this request is not established.

#### **X-ray of the cervical spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain - Electrodiagnostic Testing and on the Official Disability Guidelines (ODG), Cervical Spine Chapter, Radiography.

**Decision rationale:** The ODG reflects that radiography is recommended for cervical spine trauma. The request for radiograph this far removed from the original injury without objective documentation to suspect any significant osseous pathology residual is not established as medically necessary.