

<b>Case Number:</b>	CM14-0089851		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/15/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 53 year old male who sustained an injury on 12/15/12 while lifting heavy steel shafts for a machine. The injured worker developed complaints of low back pain as a result of the injury. The injured worker reported concurrent psychological complaints including anxiety and depression as a result of chronic pain. No surgical intervention had been performed to date due to cardiac conditions. The injured worker's pain had been addressed with multiple medications to include Naprosyn, Norco, Tramadol, and Ambien. Recent electrodiagnostic studies from 03/14/13 were negative for evidence of nerve injury or radiculopathy. As of 05/28/14, the injured worker continued to report complaints of pain in the spinal region with loss of range of motion. The injured worker also reported pain and spasms in the left knee. On physical examination, there was limited cervical range of motion with sensory loss noted bilaterally in the upper and lower extremities. There was tenderness and spasms in the lumbar spine with noted trigger points. The injured worker did report some improvement with treatment to date. As of 06/30/14, the injured worker continued to report persistent low back pain radiating to the lower extremities. On physical examination, there continued to be tenderness to palpation of the lumbar paraspinal musculature. Mild weakness was noted at the ankle plantar flexors as well as loss of sensation in an S1 dermatomal pattern. The requested electromyogram and nerve conduction velocity studies of the lower extremities as well as tramadol ER 150mg, quantity 90, cyclobenzaprine 7.5mg, quantity 120, omeprazole 20mg, quantity 120, and ondansetron 8mg, quantity 30 were all denied by utilization review on 05/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) study of the left lower extremity: Overturned**

**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 (ACOEM) Practice Guidelines; pages 62-63.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The injured worker's most recent electrodiagnostic studies from March of 2014 noted negative findings for a lumbar radiculopathy. However, the most recent evaluations for this injured worker did note persistent complaints of lower extremity symptoms as well as low back pain. The injured worker's physical examinations from 06/30/14 did note loss of sensation in an S1 distribution with myotomal weakness. Given these progressively worsening neurological deficits, electrodiagnostic studies to include electromyogram would be medically reasonable and appropriate to determine the extent of radiculopathy in the lower extremities. This would reasonably help guide the course of treatment. Therefore, this request is medically necessary and appropriate.

**EMG (Electromyography) study of the right lower extremity: Overturned**

**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 (ACOEM) Practice Guidelines; pages 62-63.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The injured worker's most recent electrodiagnostic studies from March of 2014 noted negative findings for a lumbar radiculopathy. However, the most recent evaluations for this injured worker did note persistent complaints of lower extremity symptoms as well as low back pain. The injured worker's physical examinations from 06/30/14 did note loss of sensation in an S1 distribution with myotomal weakness. Given these progressively worsening neurological deficits, electrodiagnostic studies to include electromyogram would be medically reasonable and appropriate to determine the extent of radiculopathy in the lower extremities. This would reasonably help guide the course of treatment. Therefore, this request is medically necessary and appropriate.

**NCV (Nerve Conduction Velocity) study of the left lower extremity: 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 (ACOEM) Practice Guidelines; pages 62-63.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 16 Eye Chapter Page(s): 303-305.

**Decision rationale:** Although the injured worker does reasonably require electromyogram studies to rule out evidence of radiculopathy, associated nerve conduction studies would not be needed as guidelines do not recommend this portion of a diagnostic test for injured workers presumed to have lumbar radiculopathy. Therefore, the request is not medically necessary and appropriate.

**NCV (Nerve Conduction Velocity) study of the right lower extremity:** 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 (ACOEM) Practice Guidelines; pages 62-63.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** Although the injured worker does reasonably require electromyogram studies to rule out evidence of radiculopathy, associated nerve conduction studies would not be needed as guidelines do not recommend this portion of a diagnostic test for injured workers presumed to have lumbar radiculopathy. Therefore, the request is not medically necessary and appropriate.

**Tramadol ER 150 mg, QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criterial for Use Page(s): 88-89.

**Decision rationale:** The clinical documentation provided for review did not identify any specific functional improvements or pain reduction obtained with the use of tramadol to warrant its ongoing use. It is noted from the prior review that this request was modified to a quantity of 60 for purposes of weaning. This reviewer would have agreed with this determination as there was insufficient evidence in the documentation regarding the efficacy of this medication to support its ongoing use. Therefore, the request is not medically necessary and appropriate.

**Cyclobenzaprine 7.5 mg, QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary and appropriate.

**Omeprazole 20 mg, QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk Page(s): 68.

**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, proton pump inhibitors.

**Decision rationale:** The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, the request is not medically necessary and appropriate.

**Ondansetron 8 mg, QTY: 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); pain (Chronic) updated 1/07/14.

**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, Anti-emetics.

**Decision rationale:** There were no indications noted in the clinical record for this medication. The injured worker was not receiving any chemotherapy or radiation therapy causing nausea and vomiting. The injured worker also had no recent surgical interventions for which there was documented postoperative nausea and vomiting. These would be the only indications per the Food and Drug Administration for this medication. Furthermore, guidelines do not recommend the use of antiemetic medications to control side effects from oral medications. Instead, guidelines do recommend modification of an injured worker's medication regimen to avoid nausea and vomiting symptoms. As such, the request is not medically necessary and appropriate.