

Case Number:	CM14-0090998		
Date Assigned:	07/25/2014	Date of Injury:	06/21/2004
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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:

The patient has a date of injury of 6/21/04. An MRI from 5/8/14 is said to show mild degenerative changes, minor grade 1 retrolisthesis of L5 on S1, moderate bilateral neuroforaminal narrowing at L4-5 with possible osteophytic impingement of the foraminal L4 nerves, and annular fissures at L5-S1 and L4-5. On 6/5/14, the utilization review determined that EMG/NCS (Electromyography/Nerve Conduction Studies) of bilateral lower extremities and a Urine drug screen were not medically necessary and appropriate. The Norco was modified from #120 to #54 and Effexor XR was modified from #60 to #30. The previous UDS (Urine drug screen) was noted to be in March of 2014. On 6/25/14, the medical report identified an increase in neck pain over the past 2 weeks. His pain is so bad that he is having constant nausea. He reports an increase in numbness in the arms. The neck and low back pain are so bad that he is unable to do anything. He also complains of tightness with stabbing pain into the left hip. Pain is 9/10 without medications and 2-3/10 with medications. Patient did not start the Effexor because he was afraid that he would start it and then it would be denied. He is still having depression but will try to work on it himself. He denies any thoughts of suicide or homicide. His current medications are not managing his pain and patient is asking to increase the medications if he can. The provider has since increased the Norco 5/325mg from 1-2 per day to 1 every 4-6 hours. Patient was noted to be low risk. On exam, there is cervical tenderness over the paraspinal and facet joints with some limited cervical ROM. Strength is 5-/5 in the bilateral lower extremities and sensation is diminished right L4-5 dermatome. Sciatic notches and SI joints are tender while Patrick's sign and Gaenslen's maneuver are positive bilaterally. There is tenderness over the thoracolumbar paraspinal and ROM is limited with SLR positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, 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 Page(s): 76-79, 120 of 127.

Decision rationale: The CA MTUS Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. From the information provided on the use of this medication by the patient you would not expect to see significant functional improvement. The patient has been compliant with medication usage without any significant side effects noted, and risk stratification identifies him as low risk for diversion. According to the documentation available for review, the patient is noted to be getting significant pain relief from Norco (6-7 points on VAS), but he was only utilizing 2 per day. The provider has since recommended 1 every 4 to 6 hours to better control the patient's pain throughout the day. It does appear that Norco is appropriate, although it should be noted that ongoing use will require clear documentation of functional improvement as well as the other criteria noted above once the appropriate dosage and frequency of administration is obtained. Therefore, Norco 5/325mg, quantity 120 is medically necessary and appropriate.

Effexor 75mg, qty 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The CA MTUS notes that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, the patient is noted to have not yet started Effexor. He has neuropathic pain as well as significant depression. A trial of the medication is appropriate, with ongoing use supported only if the criteria above are met. Therefore, Effexor 75mg quantity 60 is medically necessary and appropriate.

EMG of the bilateral lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: The CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there is radiating pain with mild strength deficit in the lower extremities, decreased sensation, and an MRI showing possible nerve root impingement. An EMG is appropriate to confirm whether or not the patient's complaints are originating from the lumbar spine. Therefore, EMG of the bilateral lower extremities is medically necessary and appropriate.

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 Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: The CA MTUS and ACOEM state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. More specifically, ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, the patient's symptoms and findings are suggestive of radiculopathy, but there is no documentation to suggest a component of peripheral neuropathy for which the nerve conduction velocity testing would also be required. Therefore, NCV of the bilateral lower extremities is not medically necessary and appropriate.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. 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 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: The CA MTUS state that drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the previous UDS was noted to be from approximately 2-3 months prior to the current request and the patient is noted to be at low risk of diversion, with no rationale provided for testing at the requested frequency despite the recommendations of the guidelines. In the absence of such documentation, the currently requested urine drug screen is not medically necessary and appropriate.