

<b>Case Number:</b>	CM14-0091183		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational and Environmental Medicine, has a subspecialty in General Preventive Medicine and is licensed to practice in West Virginia and Ohio. 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 claimant is a 51-year-old female with a 12/23/13 date of injury. Pertinent diagnosis includes cervicgia, brachial neuritis, joint pain, and mononeuritis of the upper limb (there is conflicting information regarding which side). Individual complains of constant cervical pain, which ranges between 4 out of 10, to 9 out of 10, depending on activity level and medications. She also describes pain, which radiates to the left arm. Individual describes bilateral shoulder pain, as well. Radiographs of the shoulders were obtained 1 month following the accident and no acute problems were noted. Cervical range of motion is decreased and reduced left arm sensation is noted (objective). Upper limb nerve conduction velocity (NCV)/electromyography (EMG) report 3-24-14 showed mild right carpal tunnel syndrome but no evidence of cervical radiculopathy. The individual has been receiving physical therapy since January 2014. She is also currently receiving trigger point injections. It should be noted that a large percent of the medical records were hand written and mostly illegible. Utilization Review was dated 6-16-14. Prescriptions were requested for Ibuprofen 400mg, Methocarbamol and Gabapentin 100mg for neck pain. Magnetic resonance imaging (MRI) of the cervical spine, EMG/NCV as diagnostic aids. Acupuncture, trigger point injections (6) for pain control, Ranitidine 150mg for gastrointestinal (GI) symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 400 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDS.

**Decision rationale:** The MTUS recommends use of a NSAID with Osteoarthritis (including the knee and hip). It is recommended at the lowest dose for the shortest period possible. [NSAIDS] Also recommended with acute exacerbations of chronic back pain if treatment with acetaminophen has failed. Treatment for back pain, chronic, is recommended as an option for short-term symptomatic relief. A Cochrane review found that Motrin is not more effective than other drugs; acetaminophen, narcotics or muscle relaxants. Lastly, it is used for neuropathic pain. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Ibuprofen is only recommended short term in the treatment of osteoarthritis and a second-line treatment for acute exacerbation of chronic pain, behind Tylenol. The medical records do not reveal a trial and fail of acetaminophen. Further, the individual has been prescribed Ibuprofen since January 2014. Lastly, there is limited and inconsistent evidence in the use of ibuprofen for the treatment of long-term neuropathic pain. As such, Ibuprofen 400mg is deemed not medically necessary.

**Gabapentin 100 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain.

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. Official Disability Guidelines (ODG) states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. The individual has some documented neuropathic pain, but the charts cannot be fully read because the handwriting is illegible. It is noted that the individual has been prescribed Gabapentin as early as 4-2-14. Adequate charting in relation to function and pain since the start of gabapentin does not exist. As such, Gabapentin 100mg is deemed not medically necessary.

### **MRI of the cervical spine: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Back, Magnetic resonance imaging (MRI).

**Decision rationale:** According to ACOEM, there are criteria, which should be followed when ordering imaging studies: the emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; and failure to progress despite use of a strengthening program. Indications for MRI per Official Disability Guidelines (ODG), chronic neck pain lasting greater than 3 months despite conservative treatment with normal radiographs and neuropathic symptoms present; neck pain with radiculopathy if severe; chronic neck pain, radiographs show old trauma and there are neurologic signs or symptoms present; chronic neck pain with radiographs showing spondylosis and positive neurologic symptoms; chronic neck pain where radiographs show bone or disc margin destruction; suspected cervical spine trauma with pain; upper back/thoracic spine trauma with neurological deficit; and a known cervical spine trauma with equivocal or positive plain films with neurological deficit. Per the ODG guidelines, the individual meets the criteria for a MRI of the cervical spine. She has experienced neck pain greater than 3 months, and she has tried various medications, trigger point injections, therapy and home exercise (conservative treatment). Her neck x-rays are normal and she complains of radiating pain into her left arm. Thus, an MRI of the cervical spine is deemed medically necessary.

### **Electromyography (EMG) of the bilateral upper extremities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** As written in the ACOEM "Appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." Official Disability Guidelines (ODG) states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy..." This Individual had an EMG study in March of 2014, which showed possible carpal tunnel, but no evidence of cervical radiculopathy, there is nothing to

suggest a change in symptomology since that time. As such an EMG of the bilateral upper limbs is deemed not medically necessary.

**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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Electrodiagnostic Testing (EMG/NCS).

**Decision rationale:** ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." As noted earlier this individual has had an EMG previously, with a diagnosis of carpal tunnel syndrome but no cervical pathology and has had no documented significant change in status since that testing. EMG is the preferred study over NCS in complicated cases. As such the request for NCS is deemed not medically necessary.

**Acupuncture two (2) times per week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." There was not any notation in the medical records expressing the individuals or physicians desire to reduce or eliminate any medications. Acupuncture 2 times per week for 4 weeks is deemed not medically necessary.

**Trigger point injection times six (6):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS.

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

**Decision rationale:** Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more

than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Based on the available data the patient did not meet criteria per CA MTUS and medical guidelines. No documentation on circumscribed trigger points with evidence of twitch response and referred pain. It appears as if the individual was prescribed physical therapy in January 2014, but the response to therapy has not been adequately noted. Since all criteria must be met in order to recommend trigger point injections; the request for trigger point injections x6 have been deemed not medically necessary.

**Ranitidine 150 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs, GI Symptoms & Cardiovascular Risk.

**Decision rationale:** MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." Ranitidine (Zantac) is an H2-receptor antagonist. It is prescribed for ulcers, or for individuals who are at risk for developing ulcers, and for the treatment of gastro-esophageal reflux disease (GERD). A review of the medical records did not reveal GERD or ulcers. If the Ranitidine were prescribed for stomach upset secondary to medication use; a first line medication, proton-pump inhibitor (Omeprazole) would be first choice. Therefore, Ranitidine 150mg is deemed not medically necessary.

**Methocarbamol 750 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

**Decision rationale:** The MTUS Guidelines state non-sedating muscle relaxants should be used with caution as a second option for short-term treatment of acute exacerbations in patients with chronic low back pain. It is also noted that they show no benefit beyond NSAIDS in overall improvement or pain and efficacy of these drugs appears to diminish over time. Per the available records, this patient does not seem to have been prescribed this drug short term for an acute exacerbation. Further, the treating physician did not include adequate documentation of any functional improvement with the use of this medication. As such, Methocarbamol is deemed not medically necessary.