

<b>Case Number:</b>	CM14-0124638		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	09/30/2008
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old female, who sustained an industrial injury on 9/30/08. She reported initial complaints of lumbar spine pain; stomach pain; headaches; instability of hands and legs; depression, stress, anxiety. The injured worker was diagnosed as having bilateral carpal tunnel syndrome; recurrent right carpal tunnel syndrome with tenosynovitis; recurrent cubital tunnel syndrome; chronic pain; chronic cervical sprain with upper extremity radicular complaints; chronic lumbosacral sprain with lower extremity radicular complaints; cervical facet syndrome; lumbar facet syndrome. Treatment to date has included status post bilateral carpal tunnel release (2012); status post bilateral cubital tunnel release (2012). Diagnostics included MRI lumbosacral spine (2/2/09); MRI cervical and lumbar spine (6/25/12); EMG/NCV bilateral upper extremities (12/19/13); MR arthrogram right wrist (6/9/14); X-rays of cervical spine (Flexion and Extension) (5/15/14). Currently, the PR-2 notes dated 6/23/14 indicated the injured worker complains of per "check marks" abdominal pain, constipation, stress, dental pain, jaw pain, dry mouth, gastritis, depression, sexual problems, anxiety, and sleep disturbance. The provider notes per "hand written directive" that since her last visit of 6/21/14, she has experienced stomach pain and vomiting. The physical examination is also "check marks"- moves about gingerly, with stiffness and protectively. It is also noted that she is compliant with medications as prescribed and the medication is helping the pain. She is reporting gastritis and weight change with GI upset and it is made worse with food. She has attempted PPI medications and stool softeners and feels her symptoms are controlled poorly. This form also notes lumbar palpation reveals tenderness across the lumbar area with spasms. Sensory testing is intact on all

planes. Her cervical compression testing is positive and her lumbar straight leg raise is "present" bilaterally. Range of motion is noted as limited with pain in the cervical and lumbar spine. She has an MRI of the right wrist post arthrogram injection study for a right wrist pain to evaluate for a tear done on 6/9/14. The report impression confirms "no focal high-grade ligament or tendon tear within the right wrist. There is mild tenosynovitis of the second, third and fourth compartment extensor tendons without significant intrasubstance tendinosis; Type II lunate." An EMG/NCV of the upper extremities done on 12/19/13 showed no cervical radiculopathy on either side, although it did reveal right wrist moderate and left median sensimotor demyelinating neuropathy across the wrist. The provider has requested retrospective LSO brace; EMG/NCV bilateral lower extremities and lumbar spine; EMG/NCV of the cervical spine; unknown prescription of Naproxen cream with 1 refill.

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

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

**Colace 100mg #60 with 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines constipation Page(s): 77.

**Decision rationale:** Based on the 05/21/14 progress report provided by treating physician, the patient presents with constipation and cervical spine pain that radiates to right upper extremity, lumbar spine pain that radiates to right lower extremity and right hand/wrist pain. The patient is status post bilateral carpal tunnel release 2012 and status post bilateral cubital tunnel release 2012. The request is for COLACE 100MG #60 WITH 1 REFILL. RFA dated 06/30/14 provided. Patient's diagnosis on 06/23/14 included lumbar spine sprain/strain right lower extremity radiation secondary to disc herniation, cervical spine sprain/strain right upper extremity radiation secondary to disc herniation, bilateral shoulder sprain strain, and recurrent right carpal tunnel syndrome. Treatment to date included surgeries, chiropractic, physical therapy, acupuncture, imaging and electrodiagnostic studies, and medications. Patient's medications include Norco, Prilosec and Colace. The patient is temporarily totally disabled, per 06/23/14 report. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Per 05/21/14 report, treater states "Narcosoft not helpful for constipation, will prescribe Colace." Colace has been included in progress reports dated 05/21/14 and 06/23/14. Norco has been included in patient's prescriptions, per 06/23/14 report. The patient is still experiencing constipation. MTUS recognizes constipation as a common side effect of chronic opiate use. The request appears reasonable and to be in accordance with guidelines. Therefore, the request IS medically necessary.

**Naproxen Cream with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113, 29.

**Decision rationale:** Based on the 05/21/14 progress report provided by treating physician, the patient presents with constipation and cervical spine pain that radiates to right upper extremity, lumbar spine pain that radiates to right lower extremity and right hand/wrist pain. The patient is status post bilateral carpal tunnel release 2012 and status post bilateral cubital tunnel release 2012. The request is for UNKNOWN PRESCRIPTION OF NAPROXEN CREAM WITH 1 REFILL. RFA dated 06/30/14 provided. Patient's diagnosis on 06/23/14 included lumbar spine sprain/strain right lower extremity radiation secondary to disc herniation, cervical spine sprain/strain right upper extremity radiation secondary to disc herniation, bilateral shoulder sprain strain, and recurrent right carpal tunnel syndrome. Treatment to date included surgeries, chiropractic, physical therapy, acupuncture, imaging and electrodiagnostic studies, and medications. Patient's medications include Norco, Prilosec and Colace. The patient is temporarily totally disabled, per 06/23/14 report. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis, MTUS page 29 guidelines state that Flurbiprofen topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications are osteoarthritis, fibromyalgia, chronic non-specific back pain and it is also helpful for chronic neuropathic and musculoskeletal pain. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, Naproxen topical would appear to be indicated for patient's wrists. However, treater has not provided reason for the request, nor indicated which body part would be treated. Furthermore, other ingredients in this topical cream have not been provided. Moreover, none of the reports discuss how this medication is used and with what efficacy. MTUS requires recording of pain and function when medications are used for chronic pain. In addition, NSAID topical is to be used for short duration of 2 weeks, and treater is requesting unknown prescription with one refill. This request does not meet guideline indications. Therefore, the request IS NOT medically necessary.

**LSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic) Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic Chapter, lumbar supports.

**Decision rationale:** Based on the 05/21/14 progress report provided by treating physician, the patient presents with lumbar spine pain that radiates to right lower extremity. The request is for 1 LSO BRACE. RFA dated 06/30/14 provided. Patient's diagnosis on 06/23/14 included lumbar spine sprain/strain right lower extremity radiation secondary to disc herniation, cervical spine sprain/strain right upper extremity radiation secondary to disc herniation, bilateral shoulder sprain strain, and recurrent right carpal tunnel syndrome. Physical examination to the lumbar spine on 05/21/14 revealed spasm and tenderness to palpation. Range of motion was decreased, especially on extension, 10 degrees. Straight leg raise test positive bilaterally. Treatment to date included surgeries, chiropractic, physical therapy, acupuncture, imaging and electrodiagnostic studies, and medications. Patient's medications include Norco, Prilosec and Colace. The patient is temporarily totally disabled, per 06/23/14 report. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back - Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Treater does not discuss the request. In this case, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.

**EMG/NCS of the bilateral lower extremities and lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines Nerve Conduction Studies.

**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, Nerve conduction studies.

**Decision rationale:** Based on the 05/21/14 progress report provided by treating physician, the patient presents with lumbar spine pain that radiates to right lower extremity. Based on the 05/21/14 progress report provided by treating physician, the patient presents with lumbar spine pain that radiates to right lower extremity. The request is for EMG/NCS OF THE BILATERAL LOWER EXTREMITIES AND LUMBAR SPINE. RFA dated 06/30/14 provided. Patient's

diagnosis on 06/23/14 included lumbar spine sprain/strain right lower extremity radiation secondary to disc herniation. Treatment to date included chiropractic, physical therapy, acupuncture, imaging and electrodiagnostic studies, and medications. Patient's medications include Norco, Prilosec and Colace. The patient is temporarily totally disabled, per 06/23/14 report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back." Physical examination to the lumbar spine on 05/21/14 revealed spasm and tenderness to palpation. Range of motion was decreased, especially on extension, 10 degrees. Straight leg raise test positive bilaterally. In this case, given the patient's continued complaints of pain, bilateral leg components on physical examination, and diagnosis, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. There is no indication that prior EMG/NCV testing has been done. Therefore, the request for EMG/NCV of the bilateral lower extremities IS medically necessary.

**NCV/EMG of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) Nerve Conduction Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

**Decision rationale:** Based on the 05/21/14 progress report provided by treating physician, the patient presents with cervical spine pain that radiates to right upper extremity, and right hand/wrist pain. The patient is status post bilateral carpal tunnel release 2012 and status post bilateral cubital tunnel release 2012. The request is for NCV/EMG OF THE CERVICAL SPINE. RFA dated 06/30/14 provided. Patient's diagnosis on 06/23/14 included cervical spine sprain/strain right upper extremity radiation secondary to disc herniation, bilateral shoulder sprain strain, and recurrent right carpal tunnel syndrome. Physical examination to the cervical spine on 06/23/14 revealed painful and decreased range of motion in all planes, and positive compression test. Treatment to date included surgeries, chiropractic, physical therapy, acupuncture, imaging and electrodiagnostic studies, and medications. Patient's medications include Norco, Prilosec and Colace. The patient is temporarily totally disabled, per 06/23/14 report. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between 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. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or

mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater has not provided medical rationale for the request. The patient is status post upper extremity surgeries, and continues with cervical spine pain with radicular components and carpal tunnel syndrome. Given patient's symptoms, electrodiagnostic examination would appear to be indicated by guidelines. However, EMG/NCV of the upper extremities done post-surgically on 12/19/13 showed no cervical radiculopathy on either side, although it did reveal right wrist moderate and left median sensory motor demyelinating neuropathy across the wrist. ACOEM allows for repeat electrodiagnostic studies only if the prior ones are negative during the acute phase. In this case, there is no new injury, new clinical information or change in neurologic findings to warrant updated studies. Therefore, the request IS NOT medically necessary.