

Case Number:	CM14-0136716		
Date Assigned:	09/29/2014	Date of Injury:	06/16/2004
Decision Date:	03/24/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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: Texas, Ohio

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old male who reported an injury on 06/16/2004. Reportedly while at work, the injured worker was removing a root from a tree. He was pulling the root from the tree with a great deal of force and felt a great deal of pain in his abdominal region that seemed to go to the mid and low back region. The injured worker's treatment history included physical therapy, surgery, MRI of the abdomen, medications, MRI of the lumbar spine, and x-rays. On 07/30/2014, the injured worker had undergone an MRI of the lumbar spine that revealed at T12-L1, there was diffuse disc protrusion with effacement of the thecal sac. Spinal canal neural foramina were patent. At L4-5, there was a disc protrusion with effacement of the thecal sac. Disc material and facet hypertrophy were causing bilateral neural foraminal narrowing that effaced the left and right L4 exiting nerve roots. At L5-S1, there was diffuse disc protrusion with effacement of the thecal sac. Disc material and facet hypertrophy were causing bilateral neural foraminal narrowing that effaced the left and right L5 exiting nerve roots. It was noted that the present scan when compared with the previous scan of 12/24/2013 showed neural foraminal narrowing on the right side at L4-5 level and on both sides at the L5-S1 level in the current scan and not seen previously. The injured worker was evaluated on 08/08/2014. The injured worker complained sharp and stabbing low back pain and muscle spasms. He rated the pain as 7/10 to 8/10 on the pain scale. His pain was described as frequent to constant, moderate to severe. The pain was associated with radiating pain, numbness, and tingling of the bilateral lower extremities. It was aggravated by prolonged positioning, including sitting, standing, walking, bending, rising from a sitting position, ascending or descending stairs, and stooping.

His pain was also aggravated by activities of daily living such as getting dressed and performing personal hygiene. He denied any bowel or bladder problems. He stated the symptoms persist but the medication did offer him temporary relief of pain and improved his ability to have restful sleep. He denied any problems with the medications. The pain was also alleviated by activity restrictions. The physical examination of the lumbar spine revealed he was not able to do the heel to toe walk. There was tenderness to palpation of the bilateral PSIS's. There was also lumbar paraspinal muscle guarding. Range of motion of the lumbar spine was flexion was 30 degrees, extension was 15 degrees, left lateral flexion was 15 degrees, and right lateral flexion was 07 degrees. Sitting root on the right was positive and on the left was positive in a sitting position. Straight leg raise was positive on the right at 35 degrees and on the left at 25 degrees. The bilateral lower extremities' sensory to pinprick and light touch were decreased over the L5 dermatomes in the bilateral lower extremities. Motor strength in the bilateral lower extremities was slightly decreased secondary to pain. Patellar and Achilles deep tendon reflexes were 2+ in the bilateral lower extremities. Vascular pulses were 2+ and symmetrical in the bilateral lower extremities. Medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and gabapentin. The injured worker had a urine drug screen on 08/08/2014; however, the outcome measurements were not provided. The injured worker had a urine drug screen on 04/18/2014 that was positive for tramadol. Diagnoses included back pain; radiculopathy, lumbar region; other intervertebral disc displacement, lumbar region; nonorganic sleep disorder; acute stress reaction; depressive disorder; and anxiety disorder. The Request for Authorization dated 08/08/2014 was for MRI of the lumbar spine, EMG/NCV of the lower extremities, medications, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

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): 303-305.

Decision rationale: The request for the MRI of the lumbar spine is not medically necessary. ACOEM Guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change in his current diagnosis. There are a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. The injured worker has already had an MRI of the lumbar on 07/30/2014. There is also no indication of red flag diagnoses or the intent to undergo surgery. The provider failed to indicate if the injured worker had any conservative care, such as physical therapy, and outcome measurements of the home exercise regimen. Additionally, the provider failed to indicate why a repeat MRI is being requested. As such, the request for an MRI of the lumbar spine is not medically necessary.

EMG of the lower extremities: Upheld

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): 303-305.

Decision rationale: The request for EMG of the lower extremities is not medically necessary. California MTUS/ACOEM Guidelines state that an electromyography may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 or 4 weeks. The injured worker complained of radiating pain, numbness, and tingling of the bilateral lower extremities. The injured worker has a diagnosis already of radiculopathy of the lumbar region. Moreover, the injured worker had an MRI that showed stenosis and a disc protrusion. Based on the Guideline recommendations and as radiculopathy is obvious, an EMG is not medically necessary.

NCS of the 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 and Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NCV.

Decision rationale: The request for an NCS of the lower extremities is not medically necessary. The Official Disability Guidelines state that an NCV is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The documentation submitted stated the injured worker complained of numbness and tingling in both legs and had an MRI that showed stenosis and a disc protrusion. The injured worker has a diagnosis of radiculopathy of the lumbar region. Based on the Guideline recommendations and as radiculopathy is obvious, an NCS is not medically necessary.

Dicopanol 5m/ml 150ml: 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)

Decision rationale: The request is not medically necessary. According to Official Disability Guidelines (ODG) state that over the counter medications such as Dicopanol are sedating

antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. The documents submitted for review failed to indicate the long term functional goals for the injured worker to include medication management. The request that was submitted failed to include frequency and duration of the medication. As such, the request for Dicopanol 5 m/mL 150 mL is not medically necessary.

Deprizine 15mg/ml 250ml: 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 proton pump inhibitors Page(s): 68-69.

Decision rationale: The request is not medically necessary. Prilosec/Deprizine is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation submitted did not indicate the injured worker having gastrointestinal events. The request that was submitted failed to include frequency and duration of the medication. As such, the request for Deprizine 15 mg/mL 250 mL is not medically necessary.

Fanatrex 25mg/ml 420ml: 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 specific drug list, Gabapentin Page(s): 16.

Decision rationale: The request for Fanatrex 25 mg/mL 420 mL is not medically necessary. The California MTUS Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency or for this medication. Therefore, the request for Fanatrex 25 mg/mL 420 mL is not medically necessary.

Synapryn 10mg/ml 500ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use, Tramadol Page(s): 78 & 113.

Decision rationale: The request for Synapryn 10 mg/mL 500 mL is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend tramadol as a first line oral analgesic. The criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management. The Guidelines do not recommend tramadol use for longer than 3 months. Synapryn contains tramadol. Per the documentation submitted, the injured worker has been taking Synapryn since at least 08/20/2012. As such, the request for Synapryn 10 mg/mL 500 mL is not medically necessary.

Tabradol 1mg/ml 250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as medication pain management. There was lack of documentation provided on his long term goals of functional improvement of his home exercise regimen. The request that was submitted failed to include the frequency of the medication. As such, the request for Tabradol 1 mg/mL 250 mL is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43.

Decision rationale: The request for urine drug screen is not medically necessary. Per the California (MTUS) Chronic Pain Medical Guidelines urine drug screen to assess for the use or

the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids and ongoing management: opioids, differentiation: dependence and addiction; opioids, screening for risk of addiction (tests); and opioids, steps to avoid misuse/addiction. The guidelines recommend frequent urine drug screen only if the patient is high risk of adverse outcomes that require testing as often as once per month. The injured worker has several urine drug screens to include 04/18/2014 and 08/08/2014. There was no indication of the misuse/addiction. Given the above, the request for the urine drug screen is not medically necessary.