

Case Number:	CM14-0193324		
Date Assigned:	12/01/2014	Date of Injury:	04/07/2012
Decision Date:	01/13/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine, 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 had his injury on 4/7/12. He was seen by his Orthopedist on 10/15/14 who stated that he suffered from mostly neck and shoulder pain and that his mid back and knee problems had mostly resolved. He had had a shoulder operation in 2010 for rotator cuff repair and SLAP repair and then in 2014 he had labral surgery of his shoulder. He was noted to have suffered a recurrence of his shoulder pain after the surgery and was given 12 PT sessions but was still symptomatic. It was noted that an MRI of the neck had shown multilevel disease including bulging discs, anterolisthesis, retrolisthesis, nerve impingement, and stenosis. It was also noted that he had shooting pain going down the arm with numbness and tingling in the distribution of the C8 dermatome. It was noted that electrical studies were not yet done but the patient did receive TENS unit and neck pillow. Requested for the discussed issues were denied by the UR on 10/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261, 303, 304 and 34.

Decision rationale: The MTUS states that EMG may be helpful in identifying subtle, focal neurological dysfunction in patients with lumbar pain more than 3 to 4 weeks. It also states that it is useful in diagnosing disc protrusion and 1+ in the diagnosis of cauda equina, spinal stenosis, or post laminectomy syndrome. The MTUS also states that NCS or EMG may be appropriate in helping to differentiate between carpal tunnel syndrome and other conditions such as cervical radiculopathy. Also, EMG should be considered if cervical radiculopathy is suspected as a cause of lateral arm pain on the basis of physical exam and symptoms have been present for at least 6 weeks, denervation atrophy is likely, and conservative treatment has not been effective. In the above patient, he has had radiating pain down his arm for more than 6 weeks. He has an MRI showing possible discogenic causes of the pain but it is possible that there are other more distal nerve etiologies for the pain. Therefore, it is appropriate to do EMG in order to rule out more distal peripheral nerve etiologies of the radiating pain. Therefore, the request is medically necessary.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 and 69. Decision based on Non-MTUS Citation Up to date Topic 9718 and Version 134.0

Decision rationale: Protonix is a PPI medicine which causes suppression in both basal and stimulated states. It is used to treat duodenal ulcers, gastric ulcers, symptomatic GERD, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis. The side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. In the above patient we note that there is no history of a GI event or symptoms that would make the patient a risk in need of Prilosec treatment. Therefore, the request is not medically necessary.

Norco #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 and 91.

Decision rationale: Norco is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for

moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with 1- education as to its benefits and limitations,2- the employment of non-opioid treatments such as relaxation techniques and mindfulness techniques,3- the establishment of realistic goals, and for encouragement of self-regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of 120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. In the above patient, we note that the M.D has decided to transition over to Ultram for pain control. Therefore, the 30 tablets should be approved while the M.D. is transitioning to the new med. Therefore the request is medically necessary.

Tramadol ER 150mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 77 and 94.

Decision rationale: The chronic pain section of the MTUS notes that Ultram or Tramadol is a central acting analgesic and has opioid activity and inhibits reuptake of serotonin and norepinephrine and is reported to be effective in neuropathic pain and its side effects are similar to traditional opioids .The MTUS also states that it should not be given with soma because of the combination causing euphoria and sedation. It also states that prior to starting it other traditional pain meds should be tried such as NSAID's and that opioids are not a first line treatment for pain. It also notes the patient should be screened for possible abuse potential and other traits that would make a patient unreliable such as depression. In the above patient, we note he is already on NSAID medicine and Neurontin for pain control. However, he is in need of more pain meds despite 2 surgeries to correct his problem. Therefore, the Ultram is medically necessary.

Psychiatrist consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391, 398,Chronic Pain Treatment Guidelines Page(s): 101, 102.

Decision rationale: The chronic pain section states that in chronic pain it is often beneficial to have psychological intervention. This would include setting goals, understanding the patient's pain beliefs and cognitive functioning. The AECOM relates that cognitive behavior psychotherapy may be beneficial in stress reduction and that the idea is to change one's perception of pain, stress, and subjective approach to his disabilities and problems. This type of therapy has been found to be effective in short-term control of pain and also in treating the long term effects of pain and in facilitating return to work. The AECOM states that the initial patient assessment is critical for detecting emotional problems requiring referral to a psychiatrist. Red flag symptoms indicating an urgent referral to a psychiatrist or other mental health provider include impaired mental functioning, overwhelming symptoms, or signs of substance abuse. The AECOM also states that psychological referral is often indicated if significant psychopathology or serious comorbidities are present. It also states that severe stress related depression and schizophrenia should be referred to a specialist. However, common conditions such as mild depression can be handled by the PCP. However, if the depression lasts for more than 6 to 8 weeks a psychiatric referral may be considered. Lastly, issues related to work stress or person-job fit may be handled with talk therapy with a Psychologist or other mental health professional. More serious conditions should be sent to a Psychiatrist for consideration of treatment with medication. In the above patient there is no mention in the M.D. noted of depression or of pain control being hampered by depressive symptomatology. Therefore, the request is not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41. Decision based on Non-MTUS Citation Up to date review of this topic

Decision rationale: Insert Rationale .Flexeril is a skeletal muscle relaxant and the MTUS notes it to be better than placebo for treatment of back pain but it states that the effect is modest at the price of a greater side effect profile. It was most efficacious in the first four days of treatment and this suggests that a short course of therapy may be most efficacious. It is also noted to be useful for the treatment of fibromyalgia. Up to Date states that the side effect profile includes drowsiness, dizziness, xerostomia, and headache. In the above patient, we have chronic pain and the patient is already on multiple meds to control this. Therefore, the request is not medically necessary.