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| Case Number: | CM14-0193487 | | |
| Date Assigned: | 12/01/2014 | Date of Injury: | 01/06/2011 |
| Decision Date: | 01/15/2015 | UR Denial Date: | 11/17/2014 |
| 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This injured worker is a 44 year old male with a date of injury of 1/6/11. According to progress report 11/6/14, the injured worker presents with neck and left shoulder pain. The injured worker describes his neck pain as a throbbing sensation in the left side of this neck that comes and goes. He is taking Naproxen with Omeprazole for inflammation, Norco for moderate pain, and Ambien for difficulty sleeping. The injured worker has had multiple studies for the neck/head. Computed Tomography (CT) from 1/6/11 showed fracture of the lateral mass of C6. MRI of the c-spine from 11/7/11 showed C5-6 neural foramen measuring 7x4mm. Repeat MRI form 12/5/11 showed C4-5 minimal annular bulging; all other levels were negative for protrusion or stenosis. X-ray from 1/17/11 showed straightening of the normal cervical lordosis. Follow up x-ray from 3/31/11 noted mild 2 mm anterolisthesis of C5-6. Third x-ray from 5/26/11 noted DDD at C4-5 and C6-7. Fourth x-ray from 10/19/11 noted mild translational instability of the anterolisthesis of C5-C6. Examination of the cervical spine revealed tenderness to palpation of the paraspinous muscles on the left. Spurling's sign elicits pain on the left and is negative on the right. There is decreased range of motion, sensation is intact, and strength is 4+ /5 in the left and 5/5 in the right. The listed diagnoses are chronic pain syndrome, myofascial pain, neck pain, possible cervical facet pain or radiculitis, cervical DDD. The request is for refill of medications. The treating physician would also like to request bilateral upper extremity Electromyography/Nerve Conduction Velocity (EMG/NCV) as the injured worker has "significant weakness in the left upper extremity. He also complains of occasional weakness in the fourth and fifth fingers of the left hand." The utilization review denied the request on 11/17/14. Treatment reports 6/16/14, 7/23/14 and 11/6/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Upper Extremities Electromyography/Nerve Conduction Velocity (EMG/NCV):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrodiagnostic studies (EDS)

Decision rationale: This injured worker presents with chronic neck pain. The current request is for Bilateral Upper Extremities Electromyography/Nerve Conduction Velocity (EMG/NCV). ACOEM Guidelines page 262 states that electrodiagnostic studies may "help differentiate between CTS and other conditions such as cervical radiculopathy." The ODG guidelines state that Electromyography (EMG) is "recommended as an option in selected cases." ODG further states regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary." The injured worker has continued complaints of neck pain with weakness in the left upper extremity. The magnetic resonance imaging (MRI) report is inconclusive regarding neural impingement and the treating physician is unclear if radiculopathy is present and is requesting diagnostic testing to assess for nerve root dysfunction versus an upper extremity entrapment neuropathy. In this case, the treating physician is requesting a bilateral EMG/NCV but there are no discussions regarding any issues with the right upper extremity. Although a left UE EMG/NCV may be indicated, the requested Bilateral Upper Extremity EMG/NCV is not medically necessary.

Ambien 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Insomnia Treatment

Decision rationale: This injured worker presents with chronic neck pain. The current request is for Ambien 10mg #30. The MTUS and ACOEM Guidelines do not address Zolpidem. The ODG Guidelines under its pain chapter states that "Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, review of the medical file indicates the injured worker has been prescribed this medication since at least 6/16/14. ODG Guidelines do not recommend long-term use of Zolpidem. The requested refill of Ambien 10mg #60 is not medically necessary.

Flexeril 7.5mg # 60: 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): 63-64.

Decision rationale: This injured worker presents with chronic neck pain. The current request is for Flexeril 7.5mg #60. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence."The injured worker has been utilizing Flexeril since at least 6/16/14. The MTUS Guidelines support the usage of cyclobenzaprine (Flexeril) for a short course of therapy, not longer than 2 to 3 weeks. The requested refill of Flexeril is not medically necessary.