

Case Number:	CM14-0193684		
Date Assigned:	12/01/2014	Date of Injury:	02/15/2006
Decision Date:	01/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/19/2014

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 injured worker (IW) is a 52-year-old woman with a date of injury of February 15, 2006. The mechanism of injury was not documented in the medical record. The IW underwent right shoulder arthroscopy on December 7, 2009, and right carpal tunnel release surgery on September 21, 2010. There are 2 handwritten, partly illegible Primary Treating Physician Progress Reports (PR-2) in the medical record dated January 31, 2014 and March 13, 2014 respectively. Pursuant to the PR-2 dated March 13, 2014, the IW complains of cervical spine pain, upper extremity pain, and lumbar spine pain radiating to the bilateral lower extremities with numbness and tingling. Pain is made worse with prolonged sitting and standing, and repetitive motion. Moderate to severe, frequent to constant, sharp with numbness and weakness, characterizes the pain. Objective physical findings revealed no cervical spine swelling; tenderness to palpation (TTP) bilateral (?-illegible) with spasms; axial compression (+); decreased active range of motion (AROM); decreased sensory bilateral C5-8 dermatomes. Lumbar spine exam reveals no swelling, (?-illegible). The TTP bilateral lumbar spine with spasms and the straight leg raise test is positive. The AROM is decreased as well as the lumbar L4-S1 dermatomes and the lumbar spine to left foot (?). The IW has been diagnosed with lumbar spine sprain/strain with bilateral lower extremity radiculopathy, L3-L4 left and (?-illegible) disc extrusion with severe central stenosis and effacement left L4 nerve root (MRI dated 12/23/13); cervical spine sprain/strain with bilateral upper extremity radiculopathy, DB with stenosis C3-C7 (MRI dated 5/10/12). Current medications include Ultram 50mg, Fexmid 7.5mg, and Axid 150mg. Documentation indicated that the IW has been taking the above medications since at least January 31, 2014. Documentation indicated that the IW underwent Nerve Conduction Velocity (NCV) studies on January 30, 2008 and February 13, 2013. The treating physician is requesting authorization

(DOS: October 23, 2014) EMG/NCV of the bilateral upper extremities, Axid 150mg, Fexmid 7.5mg, and Zaleplon 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: 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)

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/EMG

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. Nerve conduction velocity studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy. There is minimal justification for performing and NCVs when the patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker is a 52-year-old woman with a date of injury February 15, 2006. The injured workers working diagnoses or status post right shoulder; left shoulder peri-scapular strain with rotator cuff tendinosis; right upper extremity owner neuropathy including mild cubital tunnel syndrome and Guyon Canal syndrome per nerve conduction velocity studies dated January 30, 2008; recurrent right carpal tunnel syndrome of a mild degree attributed to incomplete three-mile and nation per NCV dated February 13, 2013; left carpal tunnel syndrome (per NCV dated January 2008; and bilateral wrist/forearm flexor and extensor tendinitis and left De Quervains tenosynovitis. The documentation reflects the injured worker had two prior nerve conduction velocity studies. The most recent progress note is March 14, 2014. The request for NCV/EMG bilateral upper extremities was October 2014. The most recent documentation from October 2014 indicated the injured worker has a cervical radiculopathy. There is minimal justification for performing NCVs when the patient is already presumed to have symptoms on the basis of radiculopathy. There is no clinical rationale or clinical indication in the medical record to repeat the NCV/EMG bilateral upper extremities. Consequently, the NCV/EMG bilateral upper extremities are not medically necessary.

Axid 150mg QTY#60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Effects Page(s): 67-68.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, Axid 150 mg #60 is not medically necessary. Axid is an H2 receptor blocker. H2 receptor blockers are indicated in patients taking non-steroidal anti-inflammatory drugs that are at risk for certain gastrointestinal and heart related events. Risk factors include, but are not limited to, age greater than 65; history of peptic ulcer disease, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids or anticoagulants; or high-dose/multiple non-steroidal anti-inflammatory drug use. In this case, the injured worker does not have any comorbid conditions consistent with the risk factors enumerated above. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin. Consequently, absent the appropriate clinical indication and or clinical rationale, Axid 150 mg #60 is not medically necessary.

Fexmid 7.5mg QTY#60: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is 52 years old with a date of injury February 15, 2006. A progress note dated January 31, 2014 reflects Fexmid (Flexeril) was refilled. The exact start date is not clearly documented in the medical record. Muscle relaxants are recommended short-term (less than two weeks). There is no documentation in the medical record to support the ongoing use of Fexmid and consequently, its use is not clinically indicated. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Fexmid 7.5mg #60 is not medically necessary.

Zaleplon 10mg QTY#30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601251.html>

Decision rationale: Pursuant to Medline plus, Zaleplon 10 mg #30 is not medically necessary. Zaleplon is used to treat insomnia. For additional details see attached link. In this case, the injured worker is 52 years old and the date of injury February 15, 2006. The documentation does not contain clinical information indicating the injured worker suffers with insomnia or difficulty

sleeping. Consequently, absent the appropriate clinical indication or clinical rationale, Zaleplon 10 mg #30 is not medically necessary.