MAXIMUS Federal Services

Case Number:	CM14-0193937		
Date Assigned:	12/02/2014	Date of Injury:	04/14/2014
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 case involves a 52-year-old female with a 4/14/14 date of injury. The injury occurred when her foot got stuck while pushing a table. According to a progress report dated 11/7/14, the patient reported that her pain level has increased since her last visit. She rated her pain with and without medications as 9/10 with decreased activity level. She complained of constant pain in the left leg descending down to the toes. She also reported having constant numbness of the toes of the right foot. She stated that Nucynta caused nausea and excessive sedation despite taking with food. Zofran improved her symptoms. Butrans caused nausea and emesis. She underwent an EMG/NCV study of the lower extremities dated 8/11/14, which revealed no evidence of lumbar radiculopathy or peripheral diabetic neuropathy. The patient had Stevens-Johnson syndrome 13 years ago and cannot take Lyrica due to apprehension about the low possibility of recurrent Stevens-Johnson reaction. Objective findings: spasms and tenderness to palpation over left buttock and lumbar paravertebral musculature; limited and painful lumbar spine range of motion; deep tendon reflexes are 2/4 in bilateral knees and 0/4 in bilateral ankles; and motor strength testing reveals weakness in left ankle muscle groups at 4/5. Diagnostic impressions include low back pain, piriformis syndrome. Treatments to date are medication management, activity modification, physical therapy, TENS unit, ESI, and piriformis injection. A UR decision dated 11/13/14 denied the requests for EMG of right and left lower extremities, NCV of right and left lower extremities, pain psychologist consult, IV conscious sedation, Zofran, Nucynta, Robaxin, Lyrica, and Butrans patches. Regarding EMG/NCV, the initial evaluation stated that electrodiagnostic studies were already done which were negative for radiculopathy and peripheral neuropathy. Interventions have been proposed to treat the condition and the progress notes do not indicate why repeat testing is necessary. Regarding pain psychologist consult, there is no description of any psychological barriers to function or coping deficits. Therefore, there is

no clear medical indication for psychological care, such as CBT. Regarding IV sedation, the medical report does not provide any specific anxiety disorder for which an intravenous line and intravenous medication is needed to perform a trigger point injection under fluoroscopic guidance. Regarding Zofran, there are not reported complaints of emesis or nausea with the current opioid regimen. Regarding Nucynta and Butrans patches, there is no clear benefit associated with the use of opioids in this case. Regarding Robaxin, the patient does not describe exacerbations of pain but rather has continuous pain for which muscle relaxants are not indicated. Regarding Lyrica, there is no explanation as to why it should be provided to treat a piriformis syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMG/NCV

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the present case, this patient had EMG/NCV studies of the lower extremities performed on 8/11/14, which revealed no evidence of lumbar radiculopathy or peripheral diabetic neuropathy. It is unclear why additional testing would be medically necessary soon after the previous test was performed. There is no documentation as to how additional electrodiagnostic studies would affect this patient's treatment plan. Therefore, the request for EMG of the right lower extremity is not medically necessary.

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMG/NCV

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms

lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the present case, this patient just had EMG/NCV studies of the lower extremities performed on 8/11/14, which revealed no evidence of lumbar radiculopathy or peripheral diabetic neuropathy. It is unclear why additional testing would be medically necessary soon after the previous test was performed. There is no documentation as to how additional electrodiagnostic studies would affect this patient's treatment plan. Therefore, the request for EMG of the left lower extremity is not medically necessary.

NCV of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMG/NCV

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the present case, this patient just had EMG/NCV studies of the lower extremities performed on 8/11/14, which revealed no evidence of lumbar radiculopathy or peripheral diabetic neuropathy. It is unclear why additional testing would be medically necessary soon after the previous test was performed. There is no documentation as to how additional electrodiagnostic studies would affect this patient's treatment plan. Therefore, the request for NCV of the right lower extremity is not medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, EMG/NCV

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month

conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the present case, this patient just had EMG/NCV studies of the lower extremities performed on 8/11/14, which revealed no evidence of lumbar radiculopathy or peripheral diabetic neuropathy. . It is unclear why additional testing would be medically necessary soon after the previous test was performed. There is no documentation as to how additional electrodiagnostic studies would affect this patient's treatment plan. Therefore, the request for NCV of the left lower extremity is not medically necessary.

Pain Psychologist consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Consult and Treatment Page(s): 100-101.

Decision rationale: CA MTUS states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. However, in the present case, there is no documentation that this patient currently had psychological complaints or a psychiatric condition. There is no documentation of subjective complaints of depression or anxiety in the medical records provided for review. Therefore, the request for pain psychologist consult is not medically necessary.

Conscious sedation-anesthesia for Piriformis Muscle Block: 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) Hip and Pelvis Chapter - Anesthesia

Decision rationale: CA MTUS does not address this issue. According to Official Disability Guidelines (ODG), anesthesia is recommended for surgical procedures. The majority of people with hip fracture are treated surgically, requiring anesthesia. One meta-analysis concluded that there is insufficient evidence available from trials comparing regional versus general anesthesia to determine any clinically important differences. However, in the present case, guidelines only support the use of anesthesia for surgical procedures. There is no documentation that this patient has extreme anxiety that would establish the medical necessity for anesthesia for a piriformis injection. Therefore, the request for Conscious sedation-anesthesia for Piriformis Muscle Block is not medically necessary.

Zofran 4mg, #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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this issue. The Food and Drug Administration (FDA) states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. However, in the present case, the patient is taking Zofran for medicine-induced nausea. Zofran is not approved for this indication. There is no documentation that this patient is undergoing cancer chemotherapy, radiation therapy, or surgery. Therefore, the request for Zofran 4mg, #30 is not medically necessary.

Nucynta 50mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 76-80.

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

Decision rationale: CA MTUS does not address this issue. Official Disability Guidelines (ODG) stated Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal (GI) tolerability compared with oxycodone. Therefore, if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. However, in the present case, there is no documentation that this patient has had a trial and failure of a first-line opioid medication. In addition, there is no documentation of significant pain reduction or improved activities of daily living. In fact, the patient rated her pain as a 10/10, with and without medications. Furthermore, it is noted that the provider has discontinued Nucynta due to side effects of nausea and sedation. Therefore, the request for Nucynta 50mg, #30 is not medically necessary.

Robaxin, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 65.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain (LBP) cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Furthermore, no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, in the present case, it is unclear how long this patient has been taking Robaxin. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Furthermore, the dosage and quantity of medication requested are not noted. Therefore, the request for Robaxin, unknown quantity is not medically necessary.

Lyrica 25mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 20.

Decision rationale: MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has Food and Drug Administration (FDA) approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. However, in the present case, it is noted that this patient had Stevens-Johnson syndrome 13 years ago and cannot take Lyrica due to apprehension about the low possibility of recurrent Stevens-Johnson reaction. A specific rationale as to why Lyrica is being prescribed, despite concerns of adverse effects, was not provided. Therefore, the request for Lyrica 25mg, #60 is not medically necessary.

Butrans patch 5mcg/hr, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Buprenorphine and Non-MTUS Food and Drug Administration (FDA), Butrans.

Decision rationale: CA MTUS states that Buprenorphine is recommended for treatment of opiate addiction as well as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The Food and Drug Administration (FDA) states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. However,

in the present case, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of significant pain reduction or improved activities of daily living. In fact, the patient rated her pain as a 10/10, with and without medications. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, it is noted that the provider has discontinued Butrans for this patient due to nausea and emesis. It is unclear why this request is being made at this time. Therefore, the request for Butrans patch 5mcg/hr, #4 is not medically necessary.