MAXIMUS Federal Services

Case Number:	CM14-0195455		
Date Assigned:	12/03/2014	Date of Injury:	06/28/2013
Decision Date:	01/20/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family 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:

This is a 36 year old male patient who sustained a work related injury on 6/28/13. The patient sustained the injury due to cumulative trauma. The current diagnoses include chronic lumbar pain with radiculopathy, lumbar disc herniation, sciatica, and lumbar sprain. Per the doctor's note dated 9-15-2014, the patient has complaints of 8/10 low back pain with radiation down the right leg with numbness, tingling, and weakness. A physical examination revealed mild-to-moderately decreased lumbar range of motion, tenderness over the LS spinousprocess, normal gait, and decreased sensation in the LS-S1 dermatomes on the right. Per the doctor's note dated 11/18/14, the patient had complaints of low back pain that was radiating to the right leg and foot. A physical examination revealed positive SLR, limited range of motion and normal sensory and motor examination. The current medication lists include Tramadol, Norco and Tizanidine.The patient has had an MRI of the lumbar region on 7-30-2014 which showed a posterior disc protrusion at L5-S1 with slight anterolisthesis of L5 on S1. Any surgery or procedures related to this injury were not specified in the records provided. He has had a urine drug toxicology report on 10/09/13 that was consistent. The patient has received an unspecified number of the PT and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of bilateral lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The current diagnoses include chronic lumbar pain with radiculopathy, lumbar disc herniation, sciatica, and lumbar sprainPer the doctor's note dated 9-15-2014, patient has complaints of 8/10 low back pain with radiation down the right leg with numbness, tingling, and weakness and physical examination revealed mild-to-moderately decreased lumbar range of motion, tenderness over the L5 spinous process, and decreased sensation in the LS-S1 dermatomes on the rightPer the doctor's note dated 11/18/14 patient had complaints of low back pain that was radiating to right leg and foot and physical examination revealed positive SLR, limited range of motion The patient has had MRI of the lumbar region on 7-30-2014 which showed a posterior disc protrusion at L5-S1 with slight anterolisthesis of L5 on S1.The patient has received an unspecified number of the PT and chiropractic visits for this injury.He has already had conservative treatment. Some of the symptoms are still presentThe request of NCV/EMG of bilateral lower extremities is medically necessary and appropriate in this patient to further evaluate the symptoms and signs suggestive of possible radiculopathy.

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Central acting analgesics: Opioids for neuropathic pain Page(s.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."The current diagnoses include chronic lumbar pain with radiculopathy, lumbar disc herniation, sciatica, and

lumbar sprain. Per the doctor's note dated 9-15-2014, patient has complaints of 8/10 low back pain with radiation down the right leg with numbness, tingling, and weakness and physical examination revealed mild-to-moderately decreased lumbar range of motion, tenderness over the L5 spinous process, normal gait, and decreased sensation in the LS-S1 dermatomes on the right. Per the doctor's note dated 11/18/14 patient had complaints of low back pain that was radiating to right leg and foot and physical examination revealed positive SLR, limited range of motion. The patient has had MRI of the lumbar region on 7-30-2014 which showed a posterior disc protrusion at L5-S1 with slight anterolisthesis of L5 on S1. Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The patient is already taking a NSAID and a muscle relaxant. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. This request for Tramadol 50mg #90 is deemed as medically appropriate and necessary.

Tizanidine 4mg #30: Overturned

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 Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia."The current diagnoses include chronic lumbar pain with radiculopathy, lumbar disc herniation, sciatica, and lumbar sprain. Per the doctor's note dated 9-15-2014, patient has complaints of 8/10 low back pain with radiation down the right leg with numbness, tingling, and weakness and physical examination revealed mild-to-moderately decreased lumbar range of motion, tenderness over the L5 spinous process, normal gait, and decreased sensation in the LS-S1 dermatomes on the right. Per the doctor's note dated 11/18/14 patient had complaints of low back pain that was radiating to right leg and foot and physical examination revealed positive SLR, limited range of motion. The patient has had MRI of the lumbar region on 7-30-2014 which showed a posterior disc protrusion at L5-S1 with slight anterolisthesis of L5 on S1. The use of Tizanidine 4mg #30 is medically appropriate and necessary in this patient at this time.