

Case Number:	CM14-0198306		
Date Assigned:	12/08/2014	Date of Injury:	04/22/2013
Decision Date:	02/12/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 is a 63-year-old diabetic woman who sustained a work-related injury on April 22, 2013. Subsequently, she developed chronic back pain. According to a progress report dated October 2, 2014, the patient complained of constant lumbar spine pain causing swelling, tingling, stiffness, weakness, and numbness with pain radiating to her shoulder, hip, and leg foot and toes. The patient rated the level of her pain as an 8-9/10. Examination of the lumbar spine revealed a mild antalgic gait. The paraspinal muscles were symmetrical without any swelling or muscle spasm. Deep tendon reflexes symmetrical bilateral lower extremities. Lumbar spine range of motion: forward flexion 55 degrees, extension 10 degrees with pain, left lateral bending 10 degrees with pain, right lateral bending 10 degrees. Straight leg raise test was negative bilaterally. Fabere test was positive bilaterally. Patrick sign was negative bilaterally. SI tenderness was negative bilaterally. Bilateral lower extremity examination revealed sensation was intact. Motor exam intact 5/5 lateral lower extremities. MRI of the lumbar spine dated February 25, 2014 showed mild disc height loss at L2-L3 with a 3 mm disc osteophyte complex that contributed to moderate spinal canal stenosis. The neural foramina were patent on the right but mildly stenotic on the left. There was mild disc height loss at L4-5 with a 2-3mm disc osteophyte complex renders moderate spinal canal stenosis. There was mild to moderate facet arthropathy contributing to moderate to severe bilateral neural foraminal stenosis. There was 1-2 mm disc osteophyte complex at L5-S1 but the spinal canal was patent. The neuroforamina were mild to moderately stenotic bilaterally. There was mild facet arthropathy, the patient was diagnosed with low back pain with bilateral lower extremity lumbar radiculitis and multiple fractures, right foot (2-5) with loss of plantar arch. The provider requested authorization for EMG/NCS of the bilateral lower extremities, Hydrocodone, and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/NCS (nerve conduction study) of the bilateral lower extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710.

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

Decision rationale: According to MTUS guidelines (MTUS page 303 from ACOEM 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>. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. << When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study
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>> (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). Although the patient developed low back pain, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve root dysfunction. MTUS guidelines does not recommend EMG/NCV without signs of radiculopathy or nerve dysfunction. Therefore, the request for EMG/NCV study of the bilateral lower extremities is not medically necessary.

Hydrocodone 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after

taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, the patient has been using this medication for a long time without any objective documentation of functional improvement. In addition, there is no documented updated and signed pain contract. Therefore, the prescription of Hydrocodone 5/325mg #120 is not medically necessary.

Norflex XR 100mg #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 ANTISPASTICITY DRUGS Page(s): 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Norflex XR 100mg is not medically necessary.