

Case Number:	CM14-0202849		
Date Assigned:	12/15/2014	Date of Injury:	03/08/2011
Decision Date:	02/05/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/04/2014

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, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 is a 31-year-old gentleman with a date of injury of 03/08/2011. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 10/08/2014 indicated the worker was experiencing left shoulder and neck pain, left hand numbness, headaches, problems sleeping, and limb weakness with numbness. The documented examination described tenderness in the upper back with associated trigger points. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, neck pain with strain, left shoulder pain with strain, myalgia, numbness, and cervical degenerative disk disease. Treatment recommendations included pain medications, electrodiagnostic studies of both arms, continued chiropractic care and massage therapy, daily stretching, and heat and ice therapy. A Utilization Review decision was rendered on 11/13/2014 recommending non-certification for electromyography (EMG) and nerve conduction studies (NCS) of both arms, 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg as prescribed on 10/08/2014, and sixty tablets of Flexeril (cyclobenzaprine) 7.5mg as prescribed on 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints; Forearm, Wrist, and Hand Complaints Page(s): 165-188; 261.

Decision rationale: The MTUS Guidelines recommend the use of electromyography (EMG) to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms; to clarify nerve root dysfunction in cases when a bulging disc in the upper spine is suspected before treatment with surgery; in the diagnosis of nerve root problems when the documented history, examination, and imaging studies are inconsistent; and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The MTUS Guidelines recommend the use of nerve conduction studies (NCS) to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was suffering from chronic pain syndrome, neck pain with strain, left shoulder pain with strain, myalgia, numbness, and cervical degenerative disk disease. The documentation suggested that cervical MRI imaging done on 08/04/2014 described no significant findings and specifically no significant bulging disks. There was no discussion suggesting any of the above conditions or describing special circumstances that would support the use of these studies in this setting. In the absence of such evidence, the current request for electromyography (EMG) and nerve conduction studies (NCS) of both arms is not medically necessary.

Norco 10/325mg #120 as prescribed on 10/8/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing left shoulder and neck pain, left hand numbness, headaches, problems sleeping, and limb weakness with numbness. These records reported the worker's pain intensity and function was significantly improved with the use of chiropractic care, massage therapy, and other treatments. The documented pain assessments contained few of the elements recommended by the

Guidelines, and there was no discussion sufficiently supporting a need to start this type of medication. In the absence of such evidence, the current request for 120 tablets of Norco (hydrocodone with acetaminophen) 10/325mg as prescribed on 10/08/2014 is not medically necessary.

Flexeril 7.5mg #60 as prescribed on 10/8/14: 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): 63-66.

Decision rationale: Flexeril (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed records indicated the worker was experiencing left shoulder and neck pain, left hand numbness, headaches, problems sleeping, and limb weakness with numbness. There was no suggestion that the worker was having a new symptom flare and there was no discussion detailing special circumstances that sufficiently supported the use of cyclobenzaprine in this setting. In the absence of such evidence, the current request for sixty tablets of Flexeril (cyclobenzaprine) 7.5mg as prescribed on 10/08/2014 is not medically necessary.