

Case Number:	CM14-0203853		
Date Assigned:	12/16/2014	Date of Injury:	09/14/2010
Decision Date:	02/05/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/05/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Pain 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 is a 56 year-old male with a date of injury of September 14, 2010. The patient's industrially related diagnoses include cervical discogenic disease, facet inflammation and headaches, to the left of the midline, and shoulder girdle involvement, discogenic lumbar condition with radiculitis, and chronic pain syndrome. C/S MRI done in 2012 showed multilevel disc disease with facet wear at C5-C6, disease of the neck being at C3-C4, C4-C5, C5-C6, and C6-C7. Nerve studies done 2/2012 were deemed unremarkable. The disputed issues are EMG/NCV right upper extremity and left upper extremity, cervical traction with air bladder purchase, Flexeril 7.5mg #60, Ultracet 37.5/325mg #60, Diclofenac 100mg #30, and Protonix 20mg #60. A utilization review determination on 11/14/2014 had non-certified these requests. The stated rationale for the denial of the EMG/NCV was: "There was no recent completed neurosensory examination to support the complaints of radiculopathy. There is no documentation of sensory deficits in a specific dermatomal distribution. There are no symptoms of radiculopathy. Furthermore, there is no documentation of failed conservative management. The medical necessity of this request cannot be established at this point." The stated rationale for the denial of cervical traction was: "ACOEM does not recommend passive physical modalities such as traction as there is no high-grade scientific evidence to support its effectiveness or ineffectiveness for neck complaints. Hence, the medical necessity of the request is not established." The stated rationale for the denial of Ultracet, Flexeril, Diclofenac, and Protonix was: "Although it was noted that the patient has good pain control with the current regimen, there was no objective documentation of the patient's pain assessment or functional response to opioid therapy in terms of improvement of ADLs or return to work to warrant continued opioid intake. A recent urine dry screen to monitor the patient's compliance to the medication was also not provided. Clinical indication for continued Ultracet use was not clearly specified. As for

Flexeril, although there was noted relief of spasm with its use, there was no mention on how long the patient has been or will be on this medication. Guidelines do not recommend chronic use of Flexeril. As for Diclofenac, it is unclear how long the patient has been using this medication as chronic NSAID use is not guideline-supported. Clear evidence that a periodic lab monitoring of a CBC and chemistry panel (including liver and renal function tests) have been done for this patient was not provided prior to this request to continuation. With regards to the request for omeprazole, guidelines recommend the use of a PPI for patients at risk for gastrointestinal events with NSAIDs. However, there was no documentation on how long the patient has been on this medication. Long-term PPI use of more than a year has been shown to increase the risk of hip fracture. Also, continued use of PPI in the advent of non-certification of Diclofenac use is not warranted. With these given issues, the medical necessity of the requests for Ultracet, Flexeril, Protonix, and Diclofenac has not been established at this time."

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right upper extremity and left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment for Workers' Compensation, Online Edition, Chapter: Neck and Upper Back, Electromyography, Nerve Conduction Studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 AND 182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies

Decision rationale: Regarding the request for EMG of bilateral upper extremities, ACOEM Practice Guidelines state that the electromyography and nerve conduction velocities 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. In the progress report dated 10/24/2014, the treating physician documented that the injured worker had subjective complaints of numbness and tingling in both hands, particularly the left thumb. However, there was no documentation of a recent physical examination that included a comprehensive neurologic testing of sensory, motor, and deep tendon reflexes and no identification and there were no objective findings consistent with neurological dysfunction. At a minimum, there should be documentation of abnormality on exam to warrant further investigation with electrodiagnostic testing. Furthermore, the documentation indicates that the injured worker previously had nerve studies done in 2012 that were deemed unremarkable. However, the results of these studies were not available for review. In the absence of such documentation, the currently requested EMG/NCV of bilateral upper extremities is not medically necessary.

Cervical Traction with air bladder purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Traction.

Decision rationale: Regarding the request for cervical traction unit, Occupational Medicine Practice Guidelines state that there is no high-grade scientific evidence to support the use of traction. They go on to state the traction is not recommended. They state that these palliative tools may be used on a trial basis that should be monitored closely. ODG states that home cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program. They go on to state that powered traction devices are not recommended. Guidelines also state that the duration of cervical traction can range from a few minutes to 30 minutes, once or twice weekly to several times per day. Additionally, they do not recommend continuing the use of these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Within the documentation available for review, there is no indication that the patient has undergone a trial of cervical traction with identification of objective functional improvement. The current request for traction is for purchase with no duration specified. Guidelines do not support the purchase of cervical traction unless there has been documentation of objective functional restoration during a 2 to 3 week trial period. Based on the guidelines, the currently requested purchase of a cervical traction with air bladder is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril): Muscle Relaxants for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 OF 127.

Decision rationale: Regarding the request for Flexeril (cyclobenzaprine), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Flexeril specifically is recommended for a short course of therapy. In the progress report dated 10/24/2014, the treating physician documented that the injured worker admits to daily spasms in the neck, shoulder blades, and legs and he takes Flexeril to manage his spasms. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The documentation indicates that the injured worker was previously on Flexeril on 3/26/2013, and Flexeril was started again on 7/1/2014 and has been prescribed at each subsequent visit. In light of such issues, the currently requested Flexeril 7.5mg #60 is not medically necessary.

Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/Ultram. Criteria for Opioid Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-80.

Decision rationale: Regarding the request for Ultracet (tramadol/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the treating physician documented that Ultracet helps to decrease the injured worker's pain level, provides relief, and allows him to be more functional. However, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity for the requested Ultracet 37.5/325mg #60 cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

Protonix 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 OF 127.

Decision rationale: Regarding the request for Protonix (pantoprazole), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. In the progress report dated 10/24/2014, there was documentation that the injured worker has complaints of stomach upset secondary to Diclofenac (NSAID) use and takes Protonix for it. Furthermore, documentation indicates that the injured worker has GERD which places him at risk for gastrointestinal events with NSAID use, therefore a PPI is indicated for this injured worker. Based on the documentation, the currently requested Protonix 20mg #60 is medically necessary.

Diclofenac 100mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 OF 127.

Decision rationale: Regarding the request for Diclofenac, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In the progress report dated 10/24/2014, the treating physician indicated that the injured worker's medications have been helpful in decreasing his symptoms, providing relief, and allowing him to be functional. Since the documentation reveals analgesic benefit with the use of this medication, the currently requested Diclofenac 100mg #30 is medically necessary.