

<b>Case Number:</b>	CM14-0206239		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 39 year old female with an injury date of 04/06/06. Based on the 11/03/14 progress report provided by treating physician, the patient complains of numbness and weakness to the bilateral arms. Physical examination revealed positive Adson test bilaterally. Biceps and triceps reflexes intact and symmetrical. Per review of systems, patient is positive for headache, tinnitus, shaking, night sweats, fatigue, ab pain, bowel irregularity, joint pain, numbness, rashes and sleep disruption. Patient medications include Protonix, Lunesta, Celebrex and Voltaren Gel. Per progress report dated 11/03/14, treater is requesting EMG/NCS study "in order to find out the source of numbness generation," since patient "continues to experience digital numbness." Patient is permanent and stationary. Diagnosis 11/03/14- cervical spine degenerative disc disease C5-C6- thoracic outlet syndrome- bilateral forearm myofascial dysfunction- bilateral chronic wrist sprain with flexor and extensor tendonitis- bilateral elbow mild medial epicondylitis The utilization review determination being challenged is dated 11/13/14. The rationale follows:-  
EMG: "EMG study BUE 07/10/06."- Medications: "there is minimal information given regarding pain scale, how medication assist in maintaining IW's functional status,..." Treatment report dated 11/13/14 was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 40mg, #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Pain Chapter: Proton pump inhibitors (PPIs))

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with numbness and weakness to the bilateral arms. The request is for Protonix 40mg #30 with 2 refills. Patient's diagnosis on 11/03/14 included cervical spine degenerative disc disease C5-C6, thoracic outlet syndrome, and bilateral forearm myofascial dysfunction. Physical examination revealed positive Adson test bilaterally. Biceps and triceps reflexes intact and symmetrical. Per review of systems, patient is positive for headache, tinnitus, shaking, night sweats, fatigue, ab pain, bowel irregularity, joint pain, numbness, rashes and sleep disruption. Patient medications include Protonix, Lunesta, Celebrex and Voltaren Gel. Patient is permanent and stationary. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater has not discussed reason for the request. Though patient is prescribed Celebrex, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress report does not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, Protonix is indicated for GERD and erosive esophagitis, which have not been discussed, either. Therefore, the request is not medically necessary.

**Lunesta 1mg, #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG formulary: Lunesta

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter states: Eszopicolone (Lunesta).

**Decision rationale:** The patient presents with numbness and weakness to the bilateral arms. The request is for Lunesta 1mg, #30 with 2 refills. Patient's diagnosis on 11/03/14 included cervical spine degenerative disc disease C5-C6, thoracic outlet syndrome, and bilateral forearm myofascial dysfunction. Physical examination revealed positive Adson test bilaterally. Biceps and triceps reflexes intact and symmetrical. Per review of systems, patient is positive for headache, tinnitus, shaking, night sweats, fatigue, ab pain, bowel irregularity, joint pain, numbness, rashes and sleep disruption. Patient medications include Protonix, Lunesta, Celebrex and Voltaren Gel. Patient is permanent and stationary. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of

hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." Treater has not provided reason for the request. Per review of systems in progress report dated 11/13/14, patient has sleep disruption. ODG recommends short-term use of up to 3 weeks. It is not known how long the patient has been taking Lunesta. However, the request for quantity 30 with 2 refills does not indicate intended short term use, and exceeds guideline recommendation. Therefore, the request is not medically necessary.

**Celebrex 100mg, #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 21. Decision based on Non-MTUS Citation ACOEM: Pain Chapter 6, page 54 NSAIDs for patients at risk for GI adverse effects

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

**Decision rationale:** The patient presents with numbness and weakness to the bilateral arms. The request is for Celebrex 100mg #30 with 2 refills. Patient's diagnosis on 11/03/14 included cervical spine degenerative disc disease C5-C6, thoracic outlet syndrome, and bilateral forearm myofascial dysfunction. Physical examination revealed positive Adson test bilaterally. Biceps and triceps reflexes intact and symmetrical. Per review of systems, patient is positive for headache, tinnitus, shaking, night sweats, fatigue, ab pain, bowel irregularity, joint pain, numbness, rashes and sleep disruption. Patient medications include Protonix, Lunesta, Celebrex and Voltaren Gel. Patient is permanent and stationary. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. NSAID's are indicated for first line treatment to reduce pain; however, Celebrex is not indicated for all patients per MTUS. Treater has not discussed GI complications, nor documented the patient was previously prescribed other oral NSAIDs. The request does not meet guideline indications. Therefore, the request is not medically necessary.

**Voltaren gel 1%, apply 2gm 4x a day, with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with numbness and weakness to the bilateral arms. The request is for Voltaren Gel 1%, apply 2gm 4x a day, with 2 refills. Patient's diagnosis on

11/03/14 included cervical spine degenerative disc disease C5-C6, thoracic outlet syndrome, and bilateral forearm myofascial dysfunction. Physical examination revealed positive Adson test bilaterally. Biceps and triceps reflexes intact and symmetrical. Per review of systems, patient is positive for headache, tinnitus, shaking, night sweats, fatigue, ab pain, bowel irregularity, joint pain, numbness, rashes and sleep disruption. Patient medications include Protonix, Lunesta, Celebrex and Voltaren Gel. Patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-Inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Treater has not provided reason for the request. There are no discussions regarding location that will be treated, nor medication efficacy. Furthermore, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. The request does not meet MTUS indications; therefore Voltaren gel is not medically necessary.

**EMG study of the bilateral upper extremities (BUE): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The patient presents with numbness and weakness to the bilateral arms. The request is for EMG Study of Bilateral Upper Extremities (BUE). Patient's diagnosis on 11/03/14 included cervical spine degenerative disc disease C5-C6, thoracic outlet syndrome, and bilateral forearm myofascial dysfunction. Physical examination revealed positive Adson test bilaterally. Biceps and triceps reflexes intact and symmetrical. Per review of systems, patient is positive for headache, tinnitus, shaking, night sweats, fatigue, ab pain, bowel irregularity, joint pain, numbness, rashes and sleep disruption. Patient medications include Protonix, Lunesta, Celebrex and Voltaren Gel. Patient is permanent and stationary. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 11/03/14, treater is requesting EMG/NCS study "in order to find out the source of numbness generation," since patient "continues to experience digital numbness." Given the patient's upper extremity symptoms, EMG/NCV studies would appear reasonable. Per UR letter, prior studies were from 2006. An updated study may be reasonable given the patient's persistent and possibly progressed symptoms. The request is medically necessary.