

Case Number:	CM14-0207986		
Date Assigned:	12/19/2014	Date of Injury:	04/29/2009
Decision Date:	02/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/12/2014

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 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:

This is a male patient with a date of injury of April 29, 2009. A utilization review determination dated November 24, 2014 recommends non-certification of EMG/NCV of bilateral upper extremities, Remeron 15 mg #60 with 1 refill, and 4 trigger point injections. A progress note dated November 12, 2014 identifies subjective complaints of headaches almost every day that are less intense with current medications, frequent neck, upper, and lower back pain, recent aggravation of upper back pain, worsening of numbness and weakness of both hands, and frequent episodes of dizziness and impaired memory. The patient has been taking Remeron and Prozac for his insomnia and depressive symptoms and describes his depression is severe and notes he has moderate difficulty sleeping without medications. The patient reports to be getting greater than 50% pain relief with his current medications, his pain is reduced from a 6/10 down to a 2-3/10. The patient also reports a greater than 50-75% functional improvement in his ability to perform activities of daily living. The physical examination reveals restricted range of motion of the thoracic and lumbar spine. There are multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. Spurling's test, neck compression test, and test for facet joints were all positive. Sensation to find touch and pinprick was decreased in all digits of both hands. Grip strength was decreased in both hands at 4/5. The diagnoses include posttraumatic chronic daily headache, dizziness, and cognitive dysfunction, chronic myofascial pain syndrome of cervical and thoracolumbar spine moderate to severe, cervical radiculopathy, and mild bilateral L4-5 radiculopathy. The treatment plan states that 4 trigger point injections were administered, an EMG/NCV study was recommended for the upper extremities due to worsening of numbness and weakness of bilateral hands due to cervical radiculopathy versus diabetic neuropathy versus carpal tunnel syndrome, a prescription for

Celebrex 200 mg #60, a prescription for Remeron 15 mg #60, a prescription for Prozac 20 mg #60, a prescription for Prilosec 20 mg #60, recommend home muscle stretching exercises, recommend swimming pool exercises daily, and recommend deep breathing type meditation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic) Nerve Conduction Studies (NCS)

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/NCS of bilateral upper extremities, the Occupational Medicine 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. Within the documentation available for review, there are recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. However, there is no documentation of at least 3-4 weeks of failure of conservative care and observation. In the absence of such documentation, the currently requested EMG/NCS of bilateral upper extremities is not medically necessary.

Prescription of Remeron 15mg, #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress- Insomnia

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment
<http://www.rxlist.com/remeron-drug/indications-dosage.htm>

Decision rationale: Regarding the request for Remeron (mirtazapine) 15mg #60 with 1 refill, Chronic Pain Medical Treatment Guidelines and the ODG state that sedating antidepressants (e.g., Amitriptyline, Trazodone, Mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia. Remeron is a noradrenergic and specific serotonergic antidepressant (NaSSA) Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a

diagnosis of depression. Furthermore, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Remeron treatment. In the absence of clarity regarding those issues, the currently requested Remeron 15mg #60 with 1 refill is not medically necessary.

Four (4) trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Trigger Point Injections.

Decision rationale: Regarding the request for four trigger point injections, the Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination. The ODG states that repeat trigger point injections may be indicated provided there is at least 50% pain relief with reduction in medication use and objective functional improvement for 6 weeks. Within the documentation available for review, there are no physical examination findings such as twitch response as well as referred pain upon palpation. Additionally, there is no documentation of failed conservative treatment for 3 months. In the absence of such documentation, the requested four trigger point injections are not medically necessary.