

Case Number:	CM14-0022971		
Date Assigned:	05/14/2014	Date of Injury:	07/14/2011
Decision Date:	03/06/2015	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female patient with an injury date of 07/14/2011 described as having had fallen into a bathtub while cleaning and resulting in diffuse complaint of pain. Supporting documentation showed reports from three office visits between 11/13/2013 and 12/16/2013. The pain is noted to have been persisting over the past two years and is described as burning, throbbing and achy pains that are decreased with the use of ice. Activities noted to increase the pain are as follows; walking and moving from side to side, along with lifting the arms. She has seen multiple chiropractors along with undergoing an epidural injection. She is prescribed the following medications; Sertraline, Hydrocodone, Cyclobenzaprine, Ibuprophen and Fexofenadine. She specifically complains of back pain, neck pain, knee pain and bilateral wrist pain. Physical examination reported on 11/13/2013 described her overall movement as very limited. The spine/rib region noted pain with flexion, abduction and external rotation. Also noted with left sided sacroliliac tenderness in addition to left trochanteric bursar tenderness. She is diagnosed with cervical pain/cervalgia, lumbago, low back pain, cervical disc degeneration and long time prescribed useage. The follow up visit dated 12/04/2013 reported her chief complaint as neck pain that radiated bilaterally to lateral neck and ear, also into posterior shoulder area. Physical examination at this time showed neck stiffness through range of motion and upper ectremities ntoed painful with movement but no weakness noted. A request for services dated 01/14/2014 asking for the following services; EMG for right upper extremity, radiography to bilateral knees, one qualitative drug screening and medications Sonata and Sertraline. The Utilization Review denied the request on 01/23/2014 as not meeting medical necessity requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF RIGHT UPPER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with pain in the neck rated 6/10 and associated numbness in the right arm, unspecified lower back pain. Patient also complains of bilateral knee pain with a burning quality rated 6/10, exacerbated by walking. Additionally, patient complains of bouts of insomnia which are well controlled by medications. Patient has no documented surgical history directed at this complaint. The request is for 1 EMG OF RIGHT UPPER EXTREMITY. Physical examination 12/16/13 revealed tenderness to palpation to the lumbar paraspinal muscles, muscle tightness, facet joint tenderness, left sacroiliac joint tenderness, and left trochanteric bursa tenderness. Examination of the cervical spine revealed reduced range of motion. Neurological assessment of the upper extremities notes painful movement, no significant sensory loss or weakness. The patient is currently prescribed Setraline, Norco, Flexeril, Sonata, and Motrin. Patient's work status is not specified. Diagnostic imaging was not included. 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." In regards to the request of an EMG of the right upper extremity directed at this patient's chronic neck pain and reports of numbness in the right arm, the request appears to be reasonable. While progress report dated 12/16/13 does not discuss any unequivocal findings of neurological deficit in the upper extremities, the patient's subjective complaints of intermittent numbness and weakness to the right upper extremity - and the lack of previous EMG - warrant such an examination to differentiate between cervical radiculopathy and carpal tunnel syndrome. Therefore, the request IS medically necessary.

X-RAY OF BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation knee chapter, X-ray radiography

Decision rationale: The patient presents with pain in the neck rated 6/10 and associated numbness in the right arm, unspecified lower back pain. Patient also complains of bilateral knee pain with a burning quality rated 6/10, exacerbated by walking. Additionally, patient complains of bouts of insomnia which are well controlled by medications. Patient has no documented surgical history directed at this complaint. The request is for 1 X-RAY OF BILATERAL KNEES. Physical examination 12/16/13 revealed tenderness to palpation to the lumbar paraspinal muscles, muscle tightness, facet joint tenderness, left sacroiliac joint tenderness, and left trochanteric bursa tenderness. Examination of the cervical spine revealed reduced range of motion. Neurological assessment of the upper extremities notes painful movement, no significant sensory loss or weakness. The patient is currently prescribed Setraline, Norco, Flexeril, Sonata, and Motrin. Patient's work status is not specified. Diagnostic imaging was not included. ODG guidelines knee chapter, under X-ray states: "if a fracture is considered, patients should have radiographs if the Ottawa criteria are met. Among the 5 decision rules for deciding when to use plain films in knee fractures, the Ottawa knee rules (injury due to trauma and age of 55 years, tenderness at the head of the fibula or the patella, inability to bear weight for 4 steps, or inability to flex the knee to 90 degrees) have the strongest supporting evidence."In regards to the request for an x-ray of the bilateral knees, the treater has not provided a reason for the request other than subjective pain. Progress note 12/16/13 suggests that this patient's knee pain is chronic in nature and does not provide discussion of acute trauma or other injury for which an X-ray would be useful in resolving a fracture. Furthermore, examination findings do not discuss any positive Ottawa knee criteria. Therefore, this request IS NOT medically necessary.

1 QUALITATIVE DRUG SCREEN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: The patient presents with pain in the neck rated 6/10 and associated numbness in the right arm, unspecified lower back pain. Patient also complains of bilateral knee pain with a burning quality rated 6/10, exacerbated by walking. Additionally, patient complains of bouts of insomnia which are well controlled by medications. Patient has no documented surgical history directed at this complaint. The request is for 1 QUALITATIVE DRUG SCREEN COMPLETED. Physical examination 12/16/13 revealed tenderness to palpation to the lumbar paraspinal muscles, muscle tightness, facet joint tenderness, left sacroiliac joint tenderness, and left trochanteric bursa tenderness. Examination of the cervical spine revealed reduced range of motion. Neurological assessment of the upper extremities notes painful movement, no significant sensory loss or weakness. The patient is currently prescribed Setraline, Norco, Flexeril, Sonata, and Motrin. Patient's work status is not specified. Diagnostic imaging was not included. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. In regards to the request for qualitative urine drug screen to ensure this patient's medication compliance, the treater has not provided any evidence

that such frequent testing is necessary. Reports provided include UDS's completed 11/14/13 and 12/05/13, both with consistent findings. The current request is from 12/6/13 report. There is no discussion of aberrant behavior or other "red-flags" which would warrant testing at a frequency greater than the yearly screening specified by ODG guidelines. Therefore, this request IS NOT medically necessary.

30 SETRALINE 100MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER 15: STRESS COMPLAINTS Page(s): 388,402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-15.

Decision rationale: The patient presents with pain in the neck rated 6/10 and associated numbness in the right arm, unspecified lower back pain. Patient also complains of bilateral knee pain with a burning quality rated 6/10, exacerbated by walking. Additionally, patient complains of bouts of insomnia which are well controlled by medications. Patient has no documented surgical history directed at this complaint. The request is for 30 SETRALINE 100MG. Physical examination 12/16/13 revealed tenderness to palpation to the lumbar paraspinal muscles, muscle tightness, facet joint tenderness, left sacroiliac joint tenderness, and left trochanteric bursa tenderness. Examination of the cervical spine revealed reduced range of motion. Neurological assessment of the upper extremities notes painful movement, no significant sensory loss or weakness. The patient is currently prescribed Setraline, Norco, Flexeril, Sonata, and Motrin. Patient's work status is not specified. Diagnostic imaging was not included. The MTUS Chronic Pain Medical Treatment Guidelines, pages 13-15 states: "Selective serotonin reuptake inhibitors -SSRIs-, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain." In regards to the request for Setraline for the management of this patient's chronic pain and associated depression, the request appears reasonable. Progress note dated 12/16/13 notes that this patient's depression symptoms are well controlled by this medication, substantiating its continued use. Additionally, progress report dated 11/13/13 also notes that this patient has a history of hospitalization due to severe depression and thoughts of self harm. Owing to these factors, continued anti-depressant use is appropriate. This request IS medically necessary.

30 SONATA 10MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation mental illness and stress chapter, Zaleplon

Decision rationale: The patient presents with pain in the neck rated 6/10 and associated numbness in the right arm, unspecified lower back pain. Patient also complains of bilateral knee pain with a burning quality rated 6/10, exacerbated by walking. Additionally, patient complains of bouts of insomnia which are well controlled by medications. Patient has no documented surgical history directed at this complaint. The request is for 30 SONATA 10MG. Physical examination 12/16/13 revealed tenderness to palpation to the lumbar paraspinal muscles, muscle tightness, facet joint tenderness, left sacroiliac joint tenderness, and left trochanteric bursa tenderness. Examination of the cervical spine revealed reduced range of motion. Neurological assessment of the upper extremities notes painful movement, no significant sensory loss or weakness. The patient is currently prescribed Setraline, Norco, Flexeril, Sonata, and Motrin. Patient's work status is not specified. Diagnostic imaging was not included. OGD guidelines, mental illness and stress chapter states "Zaleplon - Sonata - reduces sleep latency" Because of its short half-life - one hour-, may be re-administered upon nocturnal wakening provided it is administered at least 4 hours before wake time. This medication has a rapid onset of action. Short-term use - 7-10 days - is indicated with a controlled trial showing effectiveness for up to 5 weeks."In regards to the request for Sonata for the management of this patient's chronic pain and associated insomnia, the requested duration of therapy exceeds guideline recommendations that this medication only be used short-term. Progress report dated 11/13/14 indicates that this patient was prescribed a quantity of 30 Sonata point of care, and progress report dated 12/16/13 seeks an additional 30 tablets for continued use, ending January 2 2014. While progress reports do establish that this is an effective medication for controlling this patient's insomnia, a 60 day duration of therapy exceeds guidelines. Therefore, this request IS NOT medically necessary.