

<b>Case Number:</b>	CM15-0103274		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	01/21/2000
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Preventive Medicine, Occupational Medicine

### 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, who sustained an industrial injury on 1/21/2000, as a result of repeated lifting at work, initially diagnosed with lumbar strain. The injured worker was diagnosed as having lumbar radiculopathy and lumbar herniated nucleus pulposus. Treatment to date has included diagnostics, physical therapy, surgical intervention, chiropractic, and medications. On 3/09/2015, the injured worker complained of low back pain, with radiation down both lower extremities, accompanied by weakness. Pain was rated 3/10. He reported difficulty sleeping at night due to pain. Current medications included Norco, Zanaflex, Celebrex, and Klonopin. The use of Norco, Celebrex, Klonopin, and Celebrex was noted for at least one year. Norco reduced his pain from 8/10 to 3/10 and he reported sleeping better with the use of Klonopin and Zanaflex. The treatment plan included updated electromyogram and nerve conduction studies to the lower extremities, noting the previous studies were completed in 2009. Medications were refilled. Urine drug screening (1/19/2015 and 4/01/2015) were inconsistent with prescribed medications. On 4/20/2015, the injured worker complains of unchanged low back pain, rated 4/10. His sleep pattern was unchanged. Physical exam was unchanged. Magnetic resonance imaging of the left knee (12/16/2014) noted a normal examination. Magnetic resonance imaging of the thoracic spine (1/29/2015) showed multilevel degenerative disc disease, with mild disc height loss and Schmorl's node formation. Electromyogram and nerve conduction studies of the lower extremities (3/18/2015) were within normal limits. He was recommended opiate rotation with Percocet, with discontinue of Norco, continued Celebrex and Zanaflex, and discontinue Klonopin. His work status remained permanent and stationary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Norco 10/325mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20 - 9792. 26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg quantity 120 is not medically necessary.

### **Celebrex 200mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20 - 9792. 26 Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Celebrex 200mg quantity 30 is not medically necessary.

### **Zanaflex 4mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 20 - 9792. 26 Page(s): 63.

**Decision rationale:** Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Zanaflex 4mg quantity 60 is not medically necessary.

**Electromyography of lower back area, multiple lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

**Decision rationale:** According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electromyogram and nerve conduction studies of the lower extremities (3/18/2015) were within normal limits. Original reviewer modified request to EMG of the lower extremities only. Electromyography of lower back area, multiple lower extremities is not medically necessary.

**Nerve Conduction Velocity of multiple lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Low Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Electromyogram and nerve conduction studies of the lower extremities (3/18/2015) were within normal limits. Nerve Conduction Velocity of multiple lower extremities is not medically necessary.