

Case Number:	CM15-0106313		
Date Assigned:	07/23/2015	Date of Injury:	01/25/2012
Decision Date:	09/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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: Arizona, Michigan

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 33 year old male who sustained an industrial injury on 01/25/2012. Current diagnoses include discogenic lumbar condition with facet inflammation and spondylolisthesis at L5-S1. Previous treatments included medications, chiropractic treatment, and back brace/support. Previous diagnostic studies include a lumbar spine MRI. Initial injuries occurred when the worker was lifting a 8-12 pounds electric saw and felt a low back pain. Report dated 04/30/2015 noted that the injured worker presented with complaints that included constant low back pain with radiation of pain down to toes with associated numbness, tingling, and cramping. The injured worker also reports weakness below the knees with falling episodes. Currently the injured worker is taking no medications. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased lumbar range of motion with discomfort and tenderness across the lumbar paraspinal muscles, pain with facet loading and pain along the facets. The treatment plan included recommendations for EMG/NCV studies of bilateral lower extremities, repeat MRI of the lumbar spine to evaluate for changes and to discuss further treatment options including surgery, TENS unit with conductive garment for the back, requests for Tramadol ER for pain, Protonix for upset stomach, Naproxen for inflammation, and Flexeril for muscle spasms, and request for chiropractic therapy to improve range of motion, function, and strength. Currently the injured worker is not working. Disputed treatments include Cyclobenzaprine 7.5 mg #60, Pantoprazole 20 mg #60, Tramadol 150 mg #30, EMG/NCV of the bilateral lower extremities, MRI of the lumbar spine, and TENS unit with conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril (Cyclobenzaprine) is not recommended to be used for longer than 2-3 weeks." Flexeril (Cyclobenzaprine) treats pain and stiffness caused by muscle spasms. The medical records submitted for review did not include objective findings on physical examination to support that the injured worker was having muscle spasms. Therefore, the request for Cyclobenzaprine 7.5 mg #60 is not medically necessary.

Pantoprazole 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for prescribing proton pump inhibitors (PPI). "PPI's are recommended when patients are identified to have certain risks with the use of Non-steroidal anti-inflammatory drugs (NSAIDs). Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID. A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use." The documentation provided noted that the injured worker had stomach upset and was not taking any medications. There was no documentation that the injured worker had a history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, and high dose/multiple NSAID use. Nor did it include a history of ulcer complications associated with NSAIDs. Therefore, the request for Pantoprazole 20 mg #60 is not medically necessary.

Tramadol 150 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Page(s): 74-96.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Guidelines also recommend, "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics." The report dated 04/30/2015 notes that the injured worker is not currently taking any medications. There is no documentation included that supports that the injured worker has tried other non-opioid medications. Therefore, the request for Tramadol 150 mg #30 is not medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic: nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)/Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies(NCS).

Decision rationale: Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS 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. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for EMG/NCV bilateral lower extremities is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional MRI Page(s): 49.

Decision rationale: The California MTUS does not recommend functional neuroimaging. "Functional neuroimaging is helpful to identify the sensory and emotional components of pain and its autonomic responses, and may help in the design of more rational treatments for pain. However, this test is only useful in a research setting at this time and does not have a role in the evaluation or treatment of patients. There are no studies about the use of functional MRI in a clinical setting." In the report dated 04/30/2015 the treatment plan included a request for a repeat MRI of the lumbar spine to evaluate for changes and to discuss further treatment options. There is not documentation of "red flags" in the medical records submitted. Therefore, the request for MRI of the lumbar spine is not medically necessary.

TENS unit with conductive garment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: Per the MTUS, transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short-and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical records did not reveal a one-month trial with the appropriate documentation as recommended by the MTUS and without this information, the request is not medically necessary.