

Case Number:	CM15-0015115		
Date Assigned:	02/03/2015	Date of Injury:	11/06/2004
Decision Date:	05/20/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/27/2015

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, Public Health & General Preventive 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 53 year old female who sustained a work related injury on 11/06/2014. According to a progress report dated 01/15/2015, the injured worker's chief complaint was chronic cervical spine pain status post previous cervical fusion, chronic low back pain, history of anterolisthesis of L4 and L5, chronic bilateral hand and wrist pain and paresthesias and bilateral ulnar neuritis. The injured worker was having increased muscle spasms at night. Pain was rated 8 on a scale of 0-10 without medications and medications helped 50 percent. She was able to get out of bed and work with medications. Physical examination revealed cervical spine spasm, pain and decreased range of motion. There was facet tenderness. There was a healed scar anteriorly. There was right C5-6 radiculopathy and sensation on right at C5-6 and C7 on the left. Tenderness to palpation over the cervicotrpezial ridge was noted. There was pain with flexion and extension. Exam of the lumbar spine revealed spasm, painful range of motion as well as limited range of motion. Tenderness to palpation over the lumbar facet joints was noted. There was pain with flexion and extension. Straight leg raise bilaterally was negative. Lasegue was negative bilaterally. There was pain with axial loading and a positive trigger point was elicited on the right and left lumbar paraspinal musculature. Exam of the elbows and forearms revealed a positive Tinel bilaterally. There was tenderness medially and laterally in the epicondyle. Exam of the wrists and hands revealed a healed scar bilaterally. Tinel and Phalen sign was positive. The provider noted the results of electrodiagnostic studies that were performed on 11/21/2014. Treatment plan included Ultracet for pain, Neurontin for neuropathic pain, Duexis

for inflammation and Fexmid for muscle spasms and cervical facet blocks at C5-7 bilaterally x 1 and trigger point injection. The injured worker was permanent and stationary. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. In this case, it was noted that the injured worker underwent an electrodiagnostic study on 11/21/2014, which revealed severe bilateral carpal tunnel syndrome, right cubital tunnel syndrome, and bilateral chronic C5-6 radiculopathy. The current request for a duplication of the procedure has not been established in this case. There is no evidence of worsening or progression of symptoms or examination findings to support the necessity for repeat testing. Given the above, the request is not medically necessary.

1 Cervical Facet Blocks at C6-7 Bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Facet joint diagnostic block.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques, such as facet joint injections, have no proven benefit in treating acute neck and upper back symptoms. The Official Disability Guidelines recommend facet joint diagnostic blocks when the clinical presentation is consistent with facet joint mediated pain. In this case, the injured worker had evidence of right C5-6 radiculopathy and diminished sensation upon examination. Facet joint injections are not recommended for patients with radicular pain. Given the above, the request is not medically necessary at this time.

1 Urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.

1 Prescription of Duexis 800/26.6mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duexis (Ibuprofen & Famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker has continuously utilized the above medication for an unknown duration without evidence of objective functional improvement. The medical necessity for a combination medication has not been established in this case. Guidelines do not support long-term use of NSAIDs. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

1 prescription of Neurontin 600mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chronic, Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines recommend Gabapentin for treatment of neuropathic pain. However, the injured worker has continuously utilized the above medication without evidence of objective functional improvement. In addition, the request as submitted failed to indicate a specific frequency. Given the above, the request is not medically necessary.