

Case Number:	CM15-0016942		
Date Assigned:	02/04/2015	Date of Injury:	09/01/2010
Decision Date:	09/22/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 9/1/10. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having cervical sprain/strain, bilateral shoulder strain, bilateral cubital tunnel syndrome/carpal tunnel syndrome, and lumbar spine sprain/strain. Treatment to date has included acupuncture, a home exercise program, and medication. Currently, the injured worker complains of low back pain with radiation to the right leg and bilateral elbow pain. The treating physician requested authorization for Ultram 50mg #120, Zanaflex 2mg #120, 12 physical therapy visits for the lumbar spine, a MRI of the lumbar spine, and electromyography/nerve conduction velocity of bilateral arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 80-81, 88, 89.

Decision rationale: The patient was injured on 09/01/10 and presents with bilateral elbow pain and low back pain which radiates to the right leg. The request is for Ultram 50 MG QTY: 120. The RFA is dated 01/15/15 and the patient's current work status is not provided. None of the reports provided prior to the utilization review date indicate that the patient is taking Ultram. The report with the request is not provided and treatment reports are provided from 08/26/14 to 02/24/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The patient is diagnosed with cervical sprain/strain, bilateral shoulder strain, bilateral cubital tunnel syndrome/carpal tunnel syndrome, and lumbar spine sprain/strain. None of the reports prior to the utilization review date indicates that the patient is taking Ultram and the report with the request is not provided. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided nor are there any examples of ADLs, which demonstrate medication efficacy. There is no discussion on side effects or aberrant behavior the patient may have. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Ultram IS NOT medically necessary.

Zanaflex 2mg Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 09/01/10 and presents with bilateral elbow pain and low back pain which radiates to the right leg. The request is for Zanaflex 2 MG QTY: 120. The RFA is dated 01/15/15 and the patient's current work status is not provided. None of the reports provided prior to the utilization review date indicate that the patient is taking

Zanaflex and the report with the request is not provided. MTUS Guidelines, Muscle Relaxants, pages 63 to 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." MTUS Guidelines, Muscle Relaxants for pain, page 66 states the following: "Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The patient has tenderness along the right SI joint, tenderness along the left sciatic notch, a positive straight leg raise. She is diagnosed with cervical sprain/strain, bilateral shoulder strain, bilateral cubital tunnel syndrome/carpal tunnel syndrome, and lumbar spine sprain/strain. None of the reports prior to the utilization review date indicates that the patient is taking Zanaflex and the report with the request is not provided. The treater does not specifically discuss efficacy of Zanaflex on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Zanaflex IS NOT medically necessary

12 Physical Therapy Visits for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient was injured on 09/01/10 and presents with bilateral elbow pain and low back pain which radiates to the right leg. The request is for 12 physical therapy visits for the lumbar spine. The RFA is dated 01/15/15 and the patient's current work status is not provided. Review of the treatment reports provided does not indicate if the patient had any recent physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with cervical sprain/strain, bilateral shoulder strain, bilateral cubital tunnel syndrome/carpal tunnel syndrome, and lumbar spine sprain/strain. Treatment to date has included acupuncture, a home exercise program, and medication. The patient was previously on a home exercise program; however, there is no indication of why the patient now needs physical therapy and is unable to continue her home exercise program to manage her pain. There is no indication of any recent surgery the patient may have had. Given that the patient has not had any recent therapy, a course of therapy may be reasonable to help with chronic pain and the patient's decline in function. However, the requested 12 sessions of

therapy exceeds what is allowed by MTUS guidelines. The requested 12 sessions of therapy IS NOT medically necessary.

Magnetic Resonance Imaging (MRI) Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation (http://www.odg-twc.com/odgtwc/low_back.htm#Radiography).

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 chapter MRI topics.

Decision rationale: The patient was injured on 09/01/10 and presents with bilateral elbow pain and low back pain which radiates to the right leg. The request is for a MRI of the lumbar spine. The utilization review denial rationale is that "there is no documentation of red flag neurological or spinal findings, suspicion of neoplasm or spinal infection." The RFA is dated 01/15/15 and the patient's current work status is not provided. Review of the treatment reports provided does not indicate if the patient has had a prior MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topics states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." The patient has tenderness along the right SI joint, tenderness along the left sciatic notch, a positive straight leg raise. She is diagnosed with cervical sprain/strain, bilateral shoulder strain, bilateral cubital tunnel syndrome/carpal tunnel syndrome, and lumbar spine sprain/strain. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. Given that the patient has not previously had an MRI of the lumbar spine and continues to have chronic low back pain with radiculopathy, the requested MRI of the lumbar spine IS medically necessary.

Electromyography/Nerve Conduction Velocity (EMG/NCV) of Bilateral Arms: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 260-262.

Decision rationale: The patient was injured on 09/01/10 and presents with bilateral elbow pain and low back pain which radiates to the right leg. The request is for an electromyography/nerve conduction velocity of bilateral arms. The utilization review denial rationale is that "there is no

documentation of focal neurologic al dysfunction or progressive neurological worsening." The RFA is dated 01/15/15 and the patient's current work status is not provided. Review of the treatment reports provided does not indicate if the patient has had a prior EMG/NCV of the bilateral arms. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, page 178 states: "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), 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." 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." The patient has tenderness along the right SI joint, tenderness along the left sciatic notch, a positive straight leg raise. She is diagnosed with cervical sprain/strain, bilateral shoulder strain, bilateral cubital tunnel syndrome/carpal tunnel syndrome, and lumbar spine sprain/strain. The reason for the request is not provided. Given the patient's upper extremity complaints, an EMG/NCV appears reasonable. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. Therefore, the requested EMG/NCV for the bilateral arms IS medically necessary.