

Case Number:	CM15-0017498		
Date Assigned:	02/05/2015	Date of Injury:	07/17/2001
Decision Date:	04/01/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	01/29/2015

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: 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 59 year old male, who sustained a work related injury on 7/17/01. The diagnoses have included failed cervical spine fusion and cervical radiculopathy. Treatments to date have included x-rays, EMG upper extremities, MRI cervical spine, oral medications, Lidoderm patches and cervical spine surgery. In the PR-2 dated 1/16/15, the injured worker complains of cervical spine neck pain. He complains of pain radiating down both arms. He has tenderness to palpation of mid cervical spine. On 1/24/15, Utilization Review non-certified requests for an evaluation and treatment for NCS/EMG, Amrix 15mg., #60, and Lorazepam 2mg., #45. The California MTUS, Chronic Pain Treatment Guidelines, and ACOEM Guidelines were cited. On 1/24/15, Utilization Review modified a request for Tylenol with Codeine 30mg., #60 to Tylenol with Codeine 30mg., #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 evaluation and treatment is for the EMG/NCS: 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 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with cervical spine pain, mid cervical spine, and to the right. The request is for 1 EVALUATION AND TREATMENT IS FOR THE EMG/NCV. The request for authorization is dated 01/20/15. The patient is status-post cervical spine surgery 2002. Patient has been having numbness to both arms and he has been having episodes that he describes as locking. Patient's medications include Atenolol, Metformin, Lipitor, Tylenol No. 3, Amrix, Nexium, Cymbalta, Lisinopril and Warfarin. Patient is on disability. 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." Treater has not provided reason for the request. Given the patient's upper extremity symptoms, physical examination findings, diagnosis and ACOEM discussion, EMG/NCS studies would appear reasonable. However, per UR letter dated 01/24/15 prior request for EMG/NCV was authorized on 01/22/15. The prior EMG/NCV report is not available for review. There is no explanation as to why a repeat study is needed. There has not been any change in the patient's clinical presentation. The request IS NOT medically necessary.

1 prescription of Amrix 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

Decision rationale: The patient presents with cervical spine pain, mid cervical spine, and to the right. The request is for 1 PRESCRIPTION OF AMIRIX 15MG #60. The request for authorization is dated 01/20/15. The patient is status-post cervical spine surgery 2002. Patient has been having numbness to both arms and he has been having episodes that he describes as locking. Patient's medications include Atenolol, Metformin, Lipitor, Tylenol No. 3, Amrix, Nexium, Cymbalta, Lisinopril and Warfarin. Patient is on disability. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater has not provided reason for the request. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Patient has been prescribed Amrix

since at least 08/19/13. The request for Amrix #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

1 prescription of Tylenol with Codeine 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with cervical spine pain, mid cervical spine, and to the right. The request is for 1 PRESCRIPTION OF TYLENOL WITH CODEINE 30MG #60. The request for authorization is dated 01/20/15. The patient is status-post cervical spine surgery 2002. Patient has been having numbness to both arms and he has been having episodes that he describes as locking. Patient's medications include Atenolol, Metformin, Lipitor, Tylenol No. 3, Amrix, Nexium, Cymbalta, Lisinopril and Warfarin. Patient is on disability. MTUS Guidelines pages 88 and 89 states, "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 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. Treater has not provided reason for the request. The patient has been prescribed Tylenol No. 3 since at least 08/19/13. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater has not discussed how Tylenol No. 3 significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Tylenol No. 3. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There was no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

1 prescription of Lorazepam 2mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The patient presents with cervical spine pain, mid cervical spine, and to the right. The request is for 1 PRESCRIPTION OF LORAZEPAM 2MG #45. The request for authorization is dated 01/20/15. The patient is status-post cervical spine surgery 2002. Patient has been having numbness to both arms and he has been having episodes that he describes as locking. Patient's medications include Atenolol, Metformin, Lipitor, Tylenol No. 3, Amrix, Nexium, Cymbalta, Lisinopril and Warfarin. Patient is on disability. MTUS guidelines state on

page 24 that benzodiazepines such as Xanax are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Treater has not provided reason for the request. MTUS guidelines do not recommend use of Lorazepam for prolonged periods of time and state that most guidelines "limit use of this medication to 4 weeks." However, patient has been prescribed Lorazepam since at least 08/19/13. Furthermore, the request for #45 would exceed guideline recommendation, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.