

Case Number:	CM15-0134824		
Date Assigned:	07/29/2015	Date of Injury:	09/27/2007
Decision Date:	09/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York

Certification(s)/Specialty: Emergency 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 51 year old, male who sustained a work related injury on 9-27-07. The diagnoses have included lumbar strain-sprain secondary to herniated lumbar disc with L5 radiculopathy. Other diagnoses are left ankle lateral ligamentous injury, left knee strain-sprain, rule out internal derangement and polyneuropathy. Treatments have included oral medications, back bracing, psychotherapy, chiropractic treatments, acupuncture and physical therapy. In the PR-2 dated 6/12/15, the injured worker reports pain in the lower back with radicular symptoms into both legs. He states the symptoms are made worse with prolonged sitting, standing, lifting and walking. He states coughing and sneezing increase the pain. He reports pain in his left knee made worse with repetitive kneeling, squatting and lifting. He states he has difficulty walking on uneven terrain and climbing. He reports popping, clicking and grinding with activities. He reports pain in his left ankle and foot. This is aggravated with prolonged walking. On physical exam, he has tightness and spasm in the lumbar paraspinal musculature bilaterally. He has decreased range of motion in lumbar spine-flexion 50 degrees, extension 20 degrees, lateral bending right 20 degrees and left 20 degrees. Straight leg raises are +75 degrees with right leg and +75 degrees with left leg. He has hypoesthesia along the anterolateral aspect of the foot and ankle, L5 and S1 dermatome level bilaterally. He has weakness with the big toe dorsiflexion and big toe plantar flexion. He has 2+ reflexes in both knees and 1+ reflexes in both ankles. Left knee range of motion is extension 180 degrees and flexion 120 degrees. McMurray's test is positive for left knee. He has medial joint line tenderness. Chondromalacia patellar compression test is positive on the left. He has tightness and spasm in the trapezius, sternocleidomastoid and

strap muscles bilaterally. Cervical range of motion is forward flexion 50 degrees, extension 50 degrees, rotation bilaterally at 65 degrees and lateral bending is 30 degrees bilaterally. Foraminal compression test is positive. Spurling's test is positive. Reflexes - both biceps are 2+, bilateral triceps are 2+ and supinators bilaterally are 2+. He is not working. The treatment plan includes requests for an updated EMG-NCV study of both legs, for physical therapy, for orthotic shoe inserts, and refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Per the CA MTUS, ACOEM guidelines state electrodiagnostic studies are recommended, "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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." The IW has no complaints of radicular symptoms in his arms. There are no complaints of muscles weakness or concerning neurologic findings documented on examination. Because the documentation does not establish symptoms of radiculopathy in the arms, the requested treatment of an EMG-NCV of the right upper extremity is not medically necessary.

EMG/NCV of left upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Per the CA MTUS, ACOEM guidelines state electrodiagnostic studies are recommended, "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. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." The IW has no complaints of radicular symptoms in his arms. There are no complaints of muscles weakness or concerning

neurologic findings documented on examination. Because the documentation does not establish symptoms of radiculopathy in the arms, the requested treatment of an EMG-NCV of the left upper extremity is not medically necessary.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids Page(s): 80-83, 86.

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

Decision rationale: Per CA MTUS guidelines, "Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." "Tramadol is indicated for moderate to severe pain." Opioids are not recommended for long-term use. It is noted that the injured worker has been on this medication for a minimum of 2 months. Documentation does not include a toxicology screen as recommended by the guidelines. There is no documentation of pain levels or functional capabilities. He is not working. This seems to be a duplicate order to the Ultram ER that is also requested. Since there is no documentation of decreased pain levels, a change in overall pain or an improvement in functional capabilities, the requested treatment of Tramadol (Ultram) is not medically necessary.

Ultram 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83, 86.

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

Decision rationale: Per CA MTUS guidelines, "Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." "Tramadol is indicated for moderate to severe pain." Opioids are not recommended for long-term use. It is noted that the injured worker has been on this medication for a minimum of 2 months. Documentation does not include a toxicology screen as recommended by the guidelines. There is no documentation of pain levels or functional capabilities. He is not working. Since there is no documentation of decreased pain levels, a change in overall pain or an improvement in functional capabilities, the requested treatment of Ultram ER is not medically necessary.

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Per CA MTUS guidelines, NSAIDS, such as Diclofenac (Voltaren), are recommended at the lowest dose for the shortest period of time for a client who has moderate to severe pain. They are recommended for osteoarthritis pain and chronic back pain for short-term symptomatic pain relief. "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004) (Gore, 2006)" Clients who take NSAIDS run the risk of developing gastrointestinal or cardiovascular events. He has taken this medication for a minimum of 2 months. There are no neurodiagnostic test results included in the medical records to indicate he has radiculopathy. The usual starting dosage is 50 mg. twice a day and increased after a time of evaluation of effectiveness. The order for this medication by the provider is 100 mg. twice a day. There is insufficient documentation for improvements in functional capabilities and pain levels. There is insufficient documentation on how effective this medication is in relieving his pain. This seems to be a duplicate to the Diclofenac ER that was requested. For these reasons, the request for Diclofenac is not medically necessary.

Diclofenac ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Per CA MTUS guidelines, NSAIDS, such as Diclofenac (Voltaren), are recommended at the lowest dose for the shortest period of time for a client who has moderate to severe pain. They are recommended for osteoarthritis pain and chronic back pain for short-term symptomatic pain relief. "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. (Namaka, 2004) (Gore, 2006)" Clients who take NSAIDS run the risk of developing gastrointestinal or cardiovascular events. He has taken this medication for a minimum of 2 months. There are no neurodiagnostic test results included in the medical records to indicate he has radiculopathy. The usual starting dosage is 50 mg. twice a day and increased after a time of evaluation of effectiveness. The order for this medication by the provider is 100 mg. twice a day. There is insufficient documentation for improvements in functional capabilities and pain levels. There is insufficient documentation on how effective this medication is in relieving his pain. For these reasons, the request for Diclofenac XR is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 68.

Decision rationale: Per CA MTUS guidelines, Omeprazole (Prilosec) is a proton pump inhibitor used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. She has no risk factors such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). He does not have any gastrointestinal complaints. There is no abdominal examination documented. He does not have any of the risk factors listed to support use of this medication. This seems to be a duplicate request of the Prilosec that was also ordered. Therefore, the requested treatment of Omeprazole is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 68.

Decision rationale: Per CA MTUS guidelines, Omeprazole (Prilosec) is a proton pump inhibitor used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. She has no risk factors such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). He does not have any gastrointestinal complaints. There is no abdominal examination documented. He does not have any of the risk factors listed to support use of this medication. Therefore, the requested treatment of Prilosec is not medically necessary.