

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0135030 | | |
| Date Assigned: | 08/07/2015 | Date of Injury: | 08/17/2004 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 06/19/2015 |
| 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: Hawaii, California, Iowa

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 54 year old female, who sustained an industrial injury on 8-17-04. She reported a third injury when she tripped and fell injuring the low back and ankle (previous injuries included tingling in right arm following lifting a child and upper and lower back injuries when she slipped and fell). The injured worker was diagnosed as having chronic myofascial pain syndrome of thoracolumbar spine, mild left L4-5 radiculopathy and bilateral S1 radiculopathy, status post-surgery right carpal tunnel syndrome with residual moderate right carpal tunnel syndrome, moderate left carpal tunnel syndrome, mild to moderate bilateral ulnar nerve entrapment at both elbows, status post-surgery to left ankle with residual chronic pain, status post arthroscopic surgery to the right shoulder with residual pain and major depression. Treatment to date has included shoulder surgery, carpal tunnel surgery, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, oral medications including Ambien, Klonopin, Lorazepam, Robaxin and Vicodin; and trigger point injections. Currently on 6-3-15, the injured worker complains of worsening weakness in bilateral lower extremities and constant upper and lower back pain rated 6-8 out of 10 and sometimes 10-10 without medications; she also has frequent pain in right shoulder and left ankle. With current medications she states her pain is decreased to 2-3 out of 10. She is feeling depressed and noticed problems sleeping without medications. Physical exam performed on 6-3-15 revealed restricted lumbar spine range of motion, multiple myofascial trigger points and taut bands throughout the thoracic and lumbar paraspinal musculature as well as the gluteal muscles; right shoulder range of motion is slightly to moderately decreased in all directions and range of motion of right ankle were slightly

decreased in all directions. The treatment plan included request for authorization for (EMG) Electromyogram-(NCV) Nerve Condition Velocity studies of bilateral lower extremities, urine drug screen, prescriptions for Ambien 10mg #30, Lorazepam 1mg #30, Robaxin 750-300mg, Vicodin 7.5-300mg; home muscle stretching exercises, gym membership-swimming pool exercises, deep breathing type mediation as a relaxation technique, the mediation CD by [REDACTED] was suggested and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV 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 & Thoracic (acute & chronic): EMG/NCS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks". ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". Medical notes indicate clinically obvious bilateral lower extremity radiculopathy. Therefore, EMG would not be recommended per guidelines. The requesting provider does not extenuating circumstances to deviate from guidelines. Additionally, ODG does not recommend NCS testing, which is also being requested. As such, the request for EMG/NCV bilateral lower extremities is not medically necessary.

Trigger Point Injection QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain". And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band. For fibromyalgia syndrome, trigger points injections have not been proven effective".

MTUS lists the criteria for Trigger Points:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The medical documents do meet some criteria for trigger point injections per MTUS. MTUS specifically states that radiculopathy should not be present by exam, imaging, or neuro-testing. However, subjective complaints of radiculopathy are present on numerous treatment notes. As such, the request for Trigger Point Injection Qty 1 is not medically necessary.

Ambien 10mg #30 with 2 refills: 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 (Acute & Chronic) Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem, insomnia treatment.

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication for several months. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as: "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien is not medically necessary at this time.

Lorazepam 1mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Benzodiazepines.

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

Decision rationale: Ativan (Lorazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, muscle relaxant, anticonvulsant, and hypnotic properties. Most guidelines recommend the use of Ativan for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There is no documentation provided indicating that the patient is maintained on any antidepressant medication. In addition, there are no guideline criteria that support the long-term use of benzodiazepines; the injured worker has utilized Lorazepam for greater than 4 weeks. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Robaxin 750mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 65.

Decision rationale: Robaxin (Methocarbamol) is an antispasmodic muscle relaxant. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. According to CA MTUS Guidelines, muscle relaxants are not recommended for the long-term treatment of chronic pain. They are not recommended to be used for longer than 2-3 weeks; the injured worker has utilized Robaxin for greater than 2-3 weeks). There is no documentation of functional improvement from any previous use of this medication. According to the guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Vicodin ES 7.5-300mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use, ongoing management.

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

Decision rationale: According to the CA MTUS, Vicodin 7.5-300mg (Hydrocodone-Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, the injured worker had

utilized Vicodin since at least 10-15-14 without significant improvement in function. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids steps to avoid misuse/addiction.

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

Decision rationale: CA MTUS guidelines recommend frequent urine drug screens to avoid misuse. There is no indication of previous urine drug screens. The opioid medication was not certified, indicating the injured worker would not require further urine drug screens. The request for urine drug screens is not medically necessary.

Gym membership/swimming pool x 3 months: 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), Low Back, Lumbar & Thoracic (Acute & Chronic): Gym membership (2015), aquatic therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) gym memberships, low back.

Decision rationale: CA MTUS is silent regarding gym memberships, therefore ODG was consulted. ODG does not recommend gym memberships as a "medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment." "Treatment needs to be monitored and administered by medical professionals." "Gym memberships, health clubs, swimming pools and athletic clubs would not generally be considered medical treatment and are therefore not covered under these guidelines." In this case there is no documentation to indicate a home exercise program had not been effective. The request for gym membership is not medically necessary.

Relaxation/Meditation CD with MD: Overturned

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), Yoga (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Yoga/Mindfulness meditation.

Decision rationale: MTUS is silent with regards to Relaxation/Meditation CD's. Other guidelines were utilized. ODG states regarding Yoga/Mindfulness meditation, "Recommended as an option for motivated patients. There is considerable evidence of efficacy for mind-body therapies such as yoga in the treatment of chronic pain. Also, the impact on depression and disability could be considered as important outcomes for further study. Since outcomes from this therapy are very dependent on a motivated patient, we recommend approval where requested by a specific patient, but not adoption for use by any patient. Mindfulness meditation: Mind- body medicine (MBM) therapies broadly include meditation, hypnosis, guided imagery, relaxation therapies, biofeedback, spiritual healing, yoga, tai chi, qigong, art therapy, light therapy, and others. Mindfulness is defined as a nonjudgmental moment-to-moment awareness, including mindful movement (body awareness during yoga postures). The medical literature on mindfulness-based stress reduction (MBSR) is favorable, especially for chronic pain, anxiety, and general psychologic health; however, many of the studies are self-controlled, comparing a patient's pretreatment symptoms with post-treatment. In a study examining chronic pain patients, with mean duration of pain of 8.1 years, including of low back pain, headache, and neck/shoulder pain, patients was evaluated before and after the 8-week intervention, then for 48 months in follow-up". It is important to note that the guidelines do not specifically mention the treatment modality delivery method (CD vs. in-person). The guidelines recommend this as a treatment option. As such, the request for Relaxation/Meditation CD is medically necessary.