

Case Number:	CM15-0137972		
Date Assigned:	07/27/2015	Date of Injury:	03/17/2014
Decision Date:	09/16/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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

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 60 year old female who sustained an industrial injury on 03/17/2014. Mechanism of injury occurred when tipping back to reach items heard a click and felt pain in neck and left hip and low back. Diagnoses include likely secondary cervical radiculitis, cervical spondylosis, sprain-strain of the lumbosacral area and fibromyalgia-myositis. Treatment to date has included diagnostic studies, acupuncture, and chiropractic sessions with benefit. An unofficial Magnetic Resonance Imaging of the cervical spine done on 06/12/2014 showed multilevel severe foraminal stenosis bilaterally. On 07/16/2014, an unofficial report of a lumbar Magnetic Resonance Imaging showed areas of disc protrusion with mild to moderate central canal stenosis. A physician progress note dated 06/22/2015 documents the injured worker complains of increasing neck and right arm pain down the right upper extremity in the lateral direction and going into the thumb and index fingers. On examination, there is cervical spine paraspinous tenderness with palpable twitch positive trigger points are noted in the muscles of the head and neck. She complains of low back pain. She has pain with lumbar flexion and extension. She has decreased sensation in the C6 dermatomes on the right side that is new. There is a positive Spurling's on the right side. The treatment plan includes EMG right upper extremity, NCV right upper extremity, and Tramadol 50mg, #60. Treatment requested is for EMG Left upper extremity, Flexeril 10mg, #30, Medrol (pack) 4mg, #5, and NCV left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker is using Flexeril for a chronic condition without evidence of an acute exacerbation of pain or spasm. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg, #30 is determined to not be medically necessary.

Medrol (pak) 4mg, #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Oral Corticosteroids Section.

Decision rationale: The MTUS Guidelines do not address the use of oral corticosteroids for the use of chronic pain. The ODG does not recommend the use of oral corticosteroids for chronic pain, except for polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Oral corticosteroids are recommended in limited circumstances for acute low back radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. Glucocorticoids at low doses (15-20 mg prednisone per day initially) are the mainstay of treatment for polymyalgia rheumatica (PMR). As Medrol is not approved for pain, the request for Medrol (pak) 4mg, #5 is determined to not be medically necessary.

EMG Left upper extremity: 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): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There is no documented evidence of neurological deficits in the left upper extremity; therefore, the request for EMG left upper extremity is determined to not be medically necessary.

NCV Left upper extremity: 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): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is no objective evidence of neurological deficit in the left upper extremity. The request for NCV left upper extremity is determined to not be medically necessary.