

<b>Case Number:</b>	CM15-0138927		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	11/23/2012
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Internal 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 November 23, 2012. She reported falling onto her knees and hitting her head. The injured worker was diagnosed as having other & unspecified disc disorder of the cervical region, other & unspecified disc disorder of the lumbar region, and unspecified internal derangement of the right knee. On September 30, 2013, an MRI of the lumbar spine revealed small multilevel posterior bulging and a herniated nucleus pulposus with annular tears. There was mild relative spinal canal stenosis at lumbar 4-5 caused by bulging disc, ligamentum flavum hypertrophy and joint facet osteophytes. There was multiple joint facet arthropathy advanced at lumbar 4-5 and lumbar 5-sacral 1. On September 30, 2013, an MRI of the cervical spine revealed small posterior bulging and herniated discs with annular tears. There was no high-grade or significant spinal canal stenosis. There were widely patent neural foramina. There were post herniated discs from thoracic 1-2 to thoracic 3-4, with the largest at thoracic 3-4 causing spinal cord compression. There was mild left joint facet arthropathy at cervical 6-7 and cervical 7-thoracic 1. On October 1, 2013, an MRI of the right knee revealed a mildly extruded tear of the medial meniscus, tricompartmental wear relatively advanced in the medial and patellofemoral compartments, joint effusion, and quadriceps and patellar tendinosis. The medical records refer to standing x-rays of the right knee that revealed there no more than 1 millimeter of articular surface was left. The date and report of the standing x-rays of the right knee x-rays were not in the provided medical records. On February 24, 2014, she underwent a right shoulder arthroscopy with synovectomy, bursectomy, coracoacromial release, Neer's type acromioplasty, distal clavicle excision. This was followed by a right shoulder open removal of loose bodies, rotator cuff repair, and manipulation under anesthesia.

Treatment to date has included 12 sessions of physical therapy for the right knee, 18 sessions of postoperative physical therapy for the right shoulder, a right knee hinged brace, right knee steroid and viscosupplementation injections, use of a cane, a home exercise program, a back brace, hot and cold wrap, a neck collar, a neck pillow, a 2-lead transcutaneous electrical nerve stimulation (TENS) unit, and medications including opioid analgesic, muscle relaxant, antidepressant, proton pump inhibitor, sleep-inducing, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypertension, high cholesterol, asthma, diabetes and stroke. On July 1, 2015, the injured worker reported shooting pain from the neck down the arm, shooting pain down the legs, occasional numbness along the left upper extremity, vertigo, and headaches. She also reports sleep, stress, and depression issues. She has not worked since the date of injury. The physical exam revealed a blood pressure of 151/85. There was limited right shoulder range of motion with discomfort and tenderness along the cervical and lumbar paraspinal muscles. There was right knee limited flexion and extension, medial and lateral joint line tenderness, positive medial McMurray's and compression tests, tenderness of the inner and outer patella, a negative patellar tilt test, 1+ laxity with anterior drawer test, and negative Lachman's, valgus, and varus testing. Her work status was described as she can do sedentary type of work at best and avoid reaching at or above shoulder level. Requested treatments include: electromyography and nerve conduction velocity studies of the bilateral upper extremities and bilateral lower extremities, Cervical traction with air bladder, a transcutaneous electrical nerve stimulation (TENS) unit 4 lead, conductive garment for TENS use, Celebrex, Aciphex, Tramadol ER, Norflex, Lunesta, and Neurontin.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical traction with air bladder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic): Traction (mechanical).

**Decision rationale:** The California Medical Treatment Utilization Schedule (CA-MTUS) guidelines are silent in regards to home traction devices. The Official Disability Guidelines (ODG) recommends home cervical traction (a seated over-the-door device or a supine device) that is controlled by the patient is used in conjunction with a home exercise program to treatment of radicular symptoms. The injured worker experienced shooting pain from the neck down the arm and occasional numbness along the left upper extremity. There is lack of documentation that the injured worker performs an ongoing home exercise program for the neck. Within the submitted records it is not clear if there is functional improvement with this treatment. Therefore, the request for cervical traction with air bladder is not medically necessary.

**EMG/NCV of the bilateral 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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The ODG regarding nerve conduction studies (NCS) states, "Not recommended". There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are 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. In this injured worker there were no symptoms or findings that define evidence of a peripheral neuropathy. The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There was insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. The request for an EMG/NCV of the bilateral upper extremities is not medically necessary.

**EMG/NCV of the bilateral lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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) Pain Chapter--Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** The California MTUS/ACOEM Guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are 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." The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. In this injured worker there were no symptoms or findings that define evidence of a peripheral neuropathy. There is insufficient information provided by the treating health care provider to establish the medical necessity or rationale for electrodiagnostic studies. The request for an EMG/NCV of the bilateral lower extremities is not medically necessary.

**TENS unit 4 lead:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (MTUS) guidelines, transcutaneous electrical nerve stimulation (TENS) is recommended when there is evidence of pain of at least three months duration, trial and failure of other appropriate pain modalities (including medication), and a one-month trial period of the TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach) that includes documentation of how often the unit was used, and pain relief and function outcomes; rental would be preferred over purchase during this trial. In addition, and documentation should include evidence of medication usage, a treatment plan with the specific short- and long-term goals of treatment with the TENS unit, and a two lead is generally recommended. A 4-lead unit is not recommended without documentation of why a 4-lead unit is necessary. Per the CA-MTUS guidelines, TENS is recommended for the treatment of chronic intractable pain for the following conditions diabetic neuropathy and post-herpetic neuralgia, phantom limb pain, complex regional pain syndrome I and II, spasticity in spinal cord injury, and multiple sclerosis pain and muscle spasm. There is documentation of the injured worker having access to a 2-lead TENS unit. There is lack of evidence of pain of at least three months duration, trial and failure of other appropriate pain modalities (including medication), and a one-month trial period of the TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach) that includes documentation of how often the unit was used, and pain relief and function outcomes. There is lack of documentation of how often the 2-lead unit was used, and pain relief and function outcomes. There is lack of documentation as to why a 4-lead unit is necessary. Therefore, the request for 4-lead TENS unit is not medically necessary.

**Conductive garment for TENS use:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (MTUS) guidelines, transcutaneous electrical nerve stimulation (TENS) is recommended when there is evidence of pain of at least three months duration, trial and failure of other appropriate pain modalities (including medication), and a one-month trial period of the TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach) that includes

documentation of how often the unit was used, and pain relief and function outcomes; rental would be preferred over purchase during this trial. In addition, and documentation should include evidence of medication usage, a treatment plan with the specific short- and long-term goals of treatment with the TENS unit, and a two lead is generally recommended. A 4-lead unit is not recommended without documentation of why a 4-lead unit is necessary. Per the CA-MTUS guidelines, TENS is recommended for the treatment of chronic intractable pain for the following conditions diabetic neuropathy and post-herpetic neuralgia, phantom limb pain, complex regional pain syndrome I and II, spasticity in spinal cord injury, and multiple sclerosis pain and muscle spasm. There is documentation of the injured worker having access to a 2-lead TENS unit. There is lack of evidence of pain of at least three months duration, trial and failure of other appropriate pain modalities (including medication), and a one-month trial period of the TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach) that includes documentation of how often the unit was used, and pain relief and function outcomes. There is lack of documentation of how often the 2-lead unit was used, and pain relief and function outcomes. There is lack of documentation as to why a 4-lead unit is necessary. Based on the lack of documentation to support the medical necessity of a 4-lead TENS unit, the request for a conductive garment for TENS use is not medically necessary.

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs; specific drug list & adverse effects: Selective COX-2 NSAIDS Page(s): 67-68; 70.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CA-MTUS) guidelines recommend non-steroidal anti-inflammatory drugs (NSAIDs) as a second-line treatment for the short-term relief of acute exacerbations of low back pain and symptomatic relief of chronic low back pain. Per the CA-MTUS Celecoxib (Celebrex) is a selective COX-2 non-steroidal anti-inflammatory drug, which is used to treat osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. There was diagnostic evidence of tricompartmental wear of the right knee, which supports the use of Celebrex in this injured worker. However, the medical records show that the injured worker has been taking Celebrex since at least June 2015, which exceeds the duration recommended by the guidelines. In addition, the injured worker has a history of hypertension. The CA-MTUS notes that there is an increased cardiovascular risk with use of NSAIDs in injured workers with hypertension. Based on the duration of use of Celebrex exceeds the recommended by the guidelines and the increased risk for this injured worker with hypertension, the request for Celebrex is not medically necessary.

**Aciphex 20mg #30:** 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, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (CA-MTUS) guidelines, proton pump inhibitor medication is recommended when the injured worker is at intermediate or high risk for gastrointestinal events without cardiovascular disease and at high risk for gastrointestinal events with cardiovascular disease while being treated with non-steroidal anti-inflammatory drugs (NSAIDs). The patient is at risk for a gastrointestinal event when they are older than 65 years, have a history of peptic ulcer, GI bleeding or perforation; use ASA, corticosteroids, and-or an anticoagulant concurrently; or use high dose or multiple NSAID (e.g., NSAID + low-dose ASA). The Official Disability Guidelines (ODG), recommends Rabeprazole (Aciphex), which is a proton pump inhibitor, for patients at risk for gastrointestinal events while being treated with non-steroidal anti-inflammatory drugs. There is a lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. The medical records refer to the injured worker having a history of gastritis, but there are no diagnostic studies that support this diagnosis. The injured worker is less than 65 years old and has no history of peptic ulcer, GI bleeding or perforation. The injured worker is not being treated with high dose or multiple non-steroidal anti-inflammatory drugs or concurrent aspirin, corticosteroids, and-or an anticoagulant. Therefore, the Aciphex is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 78, 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-96; 113.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CA-MTUS) guidelines, recommend the synthetic opioid Tramadol as a second-line treatment for moderate to severe pain. The long-term usage of opioid therapy is discouraged by the CMTUS guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In addition, the CA-MTUS guidelines details indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of current pain, the least reported of pain over the period since last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was lack of evidence of an updated and signed contract between the injured worker and provider, risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and the lack of objective evidence of functional benefit obtained from the opioid medication. Therefore, the Tramadol ER is not medically necessary.

**Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (CA-MTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations chronic low back pain. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Per the CA-MTUS, Norflex is an antispasmodic muscle relaxant. The medical records show that the injured worker is being changed to Norflex from cyclobenzaprine, another antispasmodic muscle relaxant, which she has been taking chronically. There is a lack of functional improvement with the cyclobenzaprine treatment already provided. In addition, there is lack of evidence the injured worker recently reporting low back muscle spasms and lack of evidence of objective findings of muscle spasms on the physical exam. Therefore, the Norflex is not medically necessary.

**Lunesta 2mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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-(Chronic): Eszopicolone (Lunesta); Insomnia; Insomnia treatment.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CA-MTUS) guidelines are silent on this request. The Official Disability Guidelines (ODG) guidelines recommend Eszopicolone (Lunesta) for short-term treatment of insomnia. The OGD recommends correcting sleep deficits, such as difficulty in sleep initiation or maintenance, and-or early awakening. There is insufficient evidence to support the diagnosis of insomnia. There was lack of documentation of symptoms of insomnia and the resulting impairments. There was lack of documentation of the use of sleep hygiene techniques being used to correct sleep deficits. Therefore, the request for Lunesta is not medically necessary.

**Neurontin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CA-MTUS) guidelines recommend anti-epilepsy drugs (also referred to as anti-convulsants) as a first-line treatment for neuropathic pain (pain due to nerve damage). A 50% reduction in pain is defined as a good response to the use of anti-epilepsy drugs and a 30% reduction is a moderate response. A less than 30% reduction in pain may lead to a change to a different first-line agent (tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors or anti-epilepsy drugs); or combination therapy. Documentation of pain relief, functional improvement, and side effects incurred with use should be documented following the initiation of anti-epilepsy drug treatment. There is a lack of documentation of improvement in pain and function with the treatment already provided. Therefore, the request for Gabapentin is not medically necessary.