

<b>Case Number:</b>	CM15-0161306		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Arizona, Michigan

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 53 year old male, who sustained an industrial injury on 5-3-07. He reported a pop in his neck while lifting files; this was followed by numbness and tingling down let arm. The injured worker was diagnosed as having chronic neck pain with upper extremity dysesthesias, cervical myofascial pain, cervical spondylosis and left side disc protrusion at C4-5 and C5-6. Treatment to date has included oral medications including Tramadol, Ibuprofen, Celebrex, Losartan, Nexium and Percocet; physical therapy, cervical epidural steroid injections and activity modifications. (MRI) magnetic resonance imaging of cervical spine performed on 5-8-15 revealed left disc protrusions and left uncovertebral hypertrophy at C4-5 and C5-6 resulting in moderate left sided neural foraminal narrowing. Disc protrusions were not noted on prior exam in 2007. Currently on 7-13-15, the injured worker complains of chronic neck and mid back pain rated 5-7 out of 10 and described as dull, achy and burning. He also reports more recent pain in mid thoracic area. He is currently retired. Physical exam performed on 7-13-15 revealed tenderness over the cervical paraspinal muscles and right periscapular muscles. The treatment plan included Robaxin 750mg #90, Tramadol 60mg #50, bilateral periscapular and cervical paraspinal trigger point injections and bilateral upper extremity (EMG) Electromyogram studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg twice a day as needed #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

**Decision rationale:** The medication requested for this patient is Tramadol. According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical documentation there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. Medical necessity for the requested medication has not been established. The requested treatment with Tramadol is not medically necessary.

**Robaxin 750mg, 3 times a day as needed #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**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. In this case, the injured worker had received Robaxin since at least 4-20-15. 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.

**Bilateral periscapular and cervical paraspinal trigger point injections #4: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

**Decision rationale:** Per the MTUS, Trigger point injections are recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended. A 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. Trigger points may be present in up to 33-50% of the adult population. Myofascial pain syndrome is a regional painful muscle condition with a direct relationship between a specific trigger point and its associated pain region. These injections may occasionally be necessary to maintain function in those with myofascial problems when myofascial trigger points are present on examination. Not recommended for typical back pain or neck pain. Per the MTUS, Criteria for the use of Trigger point injections: Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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. It appears from a review of the injured workers medical records that he is a candidate for trigger point injections, therefore based on the injured workers clinical presentation and the guidelines the request for bilateral periscapular and cervical paraspinal trigger point injections #4 is medically necessary.

**EMG right upper extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, (EMG) Electromyogram studies.

**Decision rationale:** The MTUS did not sufficiently address the use of EMG, therefore other guidelines were consulted. ODG states (EMG) Electromyogram and (NCV)Nerve Condition Velocity studies are generally accepted, well-established and widely used for localizing the source of the neurological symptoms, they are used for establishing the diagnosis of radiculopathy or carpal tunnel syndrome. Minimum standards for (EMG) Electromyogram studies are: should be medically indicated, should be performed using EDX equipment that provide assessment of all parameters of the recorded signals, number of tests performed should be the minimum required to provide a diagnosis, (NCV)Nerve Condition Velocity studies

should be performed by a physician or trained individual under the supervision of a physician, (EMG) Electromyogram studies must be performed by a physician specially trained, all testing to incur on the same date and performed by 1 physician and the reporting of (EMG) Electromyogram-(NCV)Nerve Condition Velocity studies should be integrated into a unifying diagnostic impression. In this case, the injured worker is presenting with bilateral upper extremity numbness and some new cervical MRI findings, in light of the persistent nature of his symptoms and the fact that he did not have a favorable response to gabapentin, EMG testing is appropriate, Therefore, (EMG) Electromyogram studies of right upper extremity is medically necessary.

**EMG left upper extremity: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, (EMG) Electromyogram studies.

**Decision rationale:** The MTUS did not sufficiently address the use of EMG, therefore other guidelines were consulted. ODG states (EMG) Electromyogram and (NCV)Nerve Condition Velocity studies are generally accepted, well-established and widely used for localizing the source of the neurological symptoms, they are used for establishing the diagnosis of radiculopathy or carpal tunnel syndrome. Minimum standards for (EMG) Electromyogram studies are: should be medically indicated, should be performed using EDX equipment that provide assessment of all parameters of the recorded signals, number of tests performed should be the minimum required to provide a diagnosis, (NCV)Nerve Condition Velocity studies should be performed by a physician or trained individual under the supervision of a physician, (EMG) Electromyogram studies must be performed by a physician specially trained, all testing to incur on the same date and performed by 1 physician and the reporting of (EMG) Electromyogram-(NCV)Nerve Condition Velocity studies should be integrated into a unifying diagnostic impression. In this case, the injured worker is presenting with bilateral upper extremity numbness and some new cervical MRI findings, in light of the persistent nature of his symptoms and the fact that he did not have a favorable response to gabapentin, EMG testing is appropriate, Therefore, (EMG) Electromyogram studies of left upper extremity is medically necessary.