

Case Number:	CM15-0180578		
Date Assigned:	09/29/2015	Date of Injury:	05/12/2014
Decision Date:	11/25/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/14/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 male with a date of injury on 05-12-2014. The injured worker is undergoing treatment for right contusion of hand, open wound of head without mention of complications, and cervicgia-neck pain, cervical intervertebral disc displacement without myelopathy, neuritis, or radiculitis due to displacement. A physician progress note dated 06-16-2015 documents the injured worker complains of cervical spine pain and pain extends to the left trapezius on an intermittent basis with no focal weakness or paresthesia to the upper extremities. Cervical range of motion is restricted and painful. He was given refills for Diclofenac, Omeprazole, Gabapentin and APAP. A physician note dated 07-07-2016 his cervical symptoms are the same but he has been having headaches on a daily basis, and his sleep has been interrupted 2-3 times a night by pain. In a physician note dated 07-30-2015 it is documented he is having progressive worsening of neck pain and bilateral upper extremity paresthesia. He rates his pain as 7 out of 10. He was given a trial of Lidoderm patches. A physician note dated 08-05-2015 documents he has had a slight decrease in pain since using the Lidoderm patches. He rates his pain as 5 out of 10. His present medications are providing him with partial temporary relief, "but no changes with his radicular symptoms". He is tolerating full duty. Treatment to date has included diagnostic studies, medications, 12 chiropractic services, 10 physical therapy visits, as of 08-10-2015, 7 of 8 acupuncture treatments, use of a heating pad and an H-Wave unit. A Magnetic Resonance Imaging of the cervical spine done on 01-30-2015 revealed a 3mm disc protrusion and ligamentum buckling with mild spinal canal stenosis at C5-6, C6-7 a 3-4 mm right paracentral disc osteophyte and ligamentum bucking with mild spinal

canal stenosis and C3-4 mild left neural foraminal narrowing due to facet arthropathy. The request for Gabapentin 300mg # 60 and Tylenol 500mg #60 was authorized. On 08-28-2015 Utilization Review non-certified the request for Additional acupuncture 2 x 3, EMG/NCS bilateral upper extremities, Flector patches #30, Soma 350mg #20, and Tylenol with codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG/NCS of the upper extremity, ACOEM Practice Guidelines state that the electromyography and nerve conduction velocities 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 nerve conduction component of an electrodiagnostic study measures the amplitude, conduction velocity, waveform, and latency of sensory and motor nerves. Within the documentation available for review, there are no recent physical examinations that includes comprehensive neurologic testing of sensory, motor, deep tendon reflexes, and gait assessment. The most recent neurologic exam conducted on 2/12/15 documented normal testing of the upper extremity peripheral nerves. At minimum, there should be documentation of abnormality on neurologic exam to warrant further investigation with electrodiagnostic testing. Furthermore, no neural tension signs such as Spurling's maneuver are noted. Given this, the currently request is not medically necessary.

Additional acupuncture 2 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation ACOEM Pain Suffering & the Restoration of Function page 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional acupuncture is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported

when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation of prior acupuncture, yet the functional outcome of this prior treatment is not available in the submitted records. This could include a reduction in work restriction or significant improvement in ADLs. Given this, the currently requested acupuncture is not medically necessary.

Soma 350mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation FDA.

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

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. In the case of Soma, a further consideration is the potential for abuse and dependence, as Soma has been shown to be riskier in this regard than some other muscle relaxants. The CPMTG states: "Abuse [of Soma] has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." Within the documentation available for review, this appears to be an initial request for Soma. The submitted records do not indicate that other, more acceptable muscle relaxants have all been trialed. Given this, the currently requested carisoprodol (Soma) is not medically necessary.

Flector patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for Flector Patches, the CA MTUS do not address Flector specifically, but do contain criteria for topical NSAIDs. Topical NSAIDs are indicated for short term treatment (4-12 weeks) of "osteoarthritis and tendinitis" in joints amenable to treatment such as the elbow, knees, but not of the "spine, hip or shoulder." In this case, the primary pain site of application appears to be the cervical spine, which is not recommended. This request is not medically necessary.

Tylenol with codeine: 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, criteria for use, Opioids for chronic pain.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Given this, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.