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| Case Number: | CM15-0193760 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 06/27/2014 |
| Decision Date: | 12/22/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 10/02/2015 |

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 28 year old female with a date of injury on 6-27-14. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, left shoulder pain, bilateral elbow pain and left knee pain. Progress report dated 8-19-15 reports continued complaints of pain in the upper mid and lower back with radiation of pain to the left lower extremity with numbness and tingling in left foot. She also has complaints of left shoulder, bilateral elbows and left knee pain. Back pain is rated 7 out of 10 a decrease from 8 since last visit. Left shoulder pain is rated 3 out of 10 a decrease from 5 out of 10. Bilateral elbow pain is rated 3 out of 10 a decrease from 5 out of 10. The left knee pain is rated 4 out of 10 a decrease from 5 out of 10 since last visit. Objective findings: thoracic spine tenderness, lumbar spine tenderness and restricted range of motion, left shoulder tenderness with restricted range of motion, bilateral elbow tenderness, left knee tenderness. Epidural blocks are recommended prior to surgery. Treatment include: medication and acupuncture. Request for authorization was made for Norco 5-325 mg quantity 60, theramine quantity 90, pain management consult and EMG NCV bilateral lower extremities. Utilization review dated 9-17-15 non-certified the request. Of note, PR-2 note dated 7/2015 shows a recommendation to include Norco for the injured worker's complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting improvement in participation of activities of daily living, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment, and discussion of monitoring for aberrant drug taking behavior (The 4 A's - Analgesia, Activities of Daily Living, Aberrant drug taking behavior, Adverse side effects). Within the most recent PR-2 note, there is no mention of Norco reducing pain significantly using VAS measurements, or improving ability to participate in activities of daily living. The 4 A's criteria has not been met. Therefore, the request is not medically necessary.

Theramine #90: 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), Medical food.

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 Chapter: Theramine.

Decision rationale: ODG states that Theramine is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Until there are higher quality studies of the ingredients in Theramine, it remains not recommended. As the ODG does not support the use of Theramine due to a lack of high quality studies, therefore, the request is not medically necessary

Pain management consult: 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), Low back chapter - Evaluation and management (E&M).

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: Referrals.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred to consultation with a pain specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. This injured worker has chronic pain, despite attempts to control pain with medications. On most recent PR-2 note, the pain continues to be moderate-severe despite Norco. A pain specialty referral would be appropriate in this setting and as such, therefore, the request is medically necessary.

EMG/NCV Bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter - Electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There is no clear rationale for this study, as the injured worker is apparently slated to undergo epidural blocks prior to surgery. It would appear radiculopathy is already obvious, and there is documented disc extrusion of more than 9 mm per referenced imaging study in most recent PR-2 note. Lastly, most recent physical exam only showed tenderness with a positive straight leg raise but there was no significant neurologic deficit mentioned in terms of sensory, reflex, or motor deficit. Therefore, the request is not medically necessary.