

<b>Case Number:</b>	CM15-0201247		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 52 year old female, who sustained an industrial injury on October 10, 2012. She reported a continuous trauma injury. The injured worker was currently diagnosed as having major depression, panic disorder with agoraphobia, cervical sprain, postoperative cervical disc replacement, bilateral shoulder sprain, status post right shoulder rotator cuff repair times two, bilateral carpal tunnel syndrome, status post right carpal tunnel release and lumbar sprain. Treatment to date has included diagnostic studies, surgery, post-operative physical therapy, psych visits and medications. On March 3, 2015, the injured worker underwent right shoulder surgery and right carpal tunnel release. On September 8, 2015, the injured worker complained of occipital headaches, neck pain, back pain, triggering of the right short finger, gastrointestinal irritation, insomnia, anxiety, depression, stress and "pain all over." Physical examination revealed tenderness to palpation in the bilateral shoulder in the subacromial space, subdeltoid bursa and AC joint. The treatment plan included Norco, Duexis, Carisoprodol, Omeprazole, psychological evaluation and counseling, electrodiagnostic studies of the bilateral upper and lower extremities for possible neuropathy and-or radiculopathy, physical therapy, chiropractic treatment and a follow-up visit. On September 17, 2015, utilization review denied a request for an EMG-NCV of the bilateral lower extremities, physical therapy for bilateral upper extremities three times a week for four weeks, Norco 10-325mg #120, Carisoprodol 350mg #120 and Duexis 800-26.6 #90. A request for chiropractic treatment for cervical and lumbar spine three times a week for four weeks was modified to chiropractic treatment times six. A request for EMG-NCV of bilateral upper extremities and Omeprazole 20mg #30 was authorized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography)/ NCV (nerve conduction velocity), Bilateral Lower 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

**Decision rationale:** According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The patient has had previous diagnostic studies including x-ray and MRI, which were positive for nerve compromise of the upper extremities only. The original reviewer modified the request to exclude the bilateral lower extremities and only approved the bilateral upper extremities for testing. EMG (electromyography)/NCV (nerve conduction velocity), bilateral lower extremities is not medically necessary.

**Physical therapy, Bilateral upper extremities, 3 times weekly for 4 weeks, 12 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physical therapy, bilateral upper extremities, 3 times weekly for 4 weeks, 12 sessions is not medically necessary.

**Chiropractic treatment, cervical and lumbar spine, 3 times weekly for 4 weeks, 12 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. The original reviewer modified the request to 6 sessions to comply with the MTUS Guidelines. Chiropractic treatment, cervical and lumbar spine, 3 times weekly for 4 weeks, 12 sessions is not medically necessary.

**Norco 10/325 mg Qty 120:** 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 for chronic pain.

**Decision rationale:** The MTUS recommends Norco for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time-limited course of opioids, it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. Norco 10/325 mg Qty 120 is not medically necessary.

**Carisoprodol (Soma) 350 mg Qty 120, 4 times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

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

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers, the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Carisoprodol (Soma) 350 mg Qty 120, 4 times daily is not medically necessary.

**Duexis 800.26.6, Qty 90, 2 times daily:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Duexis (ibuprofen & famotidine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Duexis (famotidine and ibuprofen) is used to treat the signs and symptoms of rheumatoid arthritis and osteoarthritis. For the purposes of this review, it can be thought of it is a compounded medication. According to the MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS also states that prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend Duexis, which contains the proton pump inhibitor Famotidine. Duexis 800.26.6, Qty 90, 2 times daily is not medically necessary.