

Case Number:	CM15-0201249		
Date Assigned:	10/16/2015	Date of Injury:	07/23/2007
Decision Date:	11/30/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	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: New York
 Certification(s)/Specialty: Anesthesiology

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 31 year old female, who sustained an industrial injury on 7-23-2007. The injured worker is undergoing treatment for: de Quervain's tenosynovitis, kyphosis, cervical facet arthropathy, cervical spondylosis without myelopathy, and headache. On 8-26-15, she reported pain to the neck, left shoulder and bilateral wrists. She also reported frequent headaches. She indicated her neck and bilateral shoulder pain to be worsening and indicated there to be increased arm and hand weakness. She rated her pain 10 out of 10 without medications and 1 out of 10 with medications. Physical findings revealed her blood pressure as 126 over 75, deep tendon reflexes in the upper extremities are increased, decreased range of motion and tenderness in the neck, tenderness in the thoracic spine, and normal examination of the lumbar spine. She is noted to have decreased sensation in C6 and C7, positive tinels and Phalen's of the right hand, positive tinels of right elbow, positive tinels of left wrist, and positive Finklestein's bilaterally with decreased grip strength bilaterally. The bilateral shoulders are noted to have tenderness and positive impingement. There is notation of beginning to taper Norco. The provider noted she became irate and used profanity with recommendation of tapering her medications. A urine drug screen was requested on this date and refused by the injured worker. She is reported by the provider as having been non-compliant with the treatment plan, and having been repeatedly inappropriate and rude. The treatment and diagnostic testing to date has included: 24 physical therapy sessions for the neck, 2 acupuncture sessions, 24 chiropractic sessions, medications, gym exercising, AME (date unclear), electrical massagers, ice and heat packs, and splinting, CURES 8-26-15. There is notation that urine drug screens "are seldom consistent-concordant. These

often detect THC and are often negative for prescribed medications". Medications have included: Norco, Tramadol, Soma, Zolpidem, Fioricet, Nizatidine, and topical creams. Current work status: permanent and stationary. The request for authorization is for: EMG-NCS bilateral upper extremities, Zolpidem tartrate 10mg quantity 30, Soma (Carisoprodol) 350mg quantity 60, and Tramadol HCL 50mg quantity 60. The UR dated 10-1-2015: non-certified the requests for EMG- NCS bilateral upper extremities, Zolpidem tartrate 10mg quantity 30, Soma (Carisoprodol) 350mg quantity 60, and Tramadol HCL 50mg quantity 60; and certified the requests for Ibuprofen 600mg quantity 90 and a neurology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Although there is documentation of an opioid contract, there is insufficient evidence that the opioids were prescribed according to the other CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased functional benefit from the opioids used to date. Also, the records do not establish that drug screening has been performed or that issues of abuse, addiction, or poor pain control have been addressed. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Soma (Carisoprodol) 350mg #60: Upheld

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

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

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. In this case, there is documentation of muscle spasms, however, not acute muscle spasms as the date of injury was 7/23/2007. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Zolpidem tartrate 10mg #30: 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.

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, Insomnia treatment.

Decision rationale: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, there is no documentation of insomnia characterized by difficulties with sleep initiation. There is no documentation of functional improvement as a specific result of Zolpidem use. The rationale for this request was not indicated in the medical records. The request also exceeds the guideline recommendations. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. 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) EMGs/NCVs.

Decision rationale: The request for diagnostic testing EMG/NCV for bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities (NCVs), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. They can be useful in adding in the diagnosis of peripheral nerve

and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. The ODG further states that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. According to the exam findings 8/28/2015, there is no clear documentation of progressive neurologic findings to substantiate the requested repeat studies. Medical necessity for the requested studies has not been established, as guideline criteria have not been met. The requested studies are not medically necessary.