

<b>Case Number:</b>	CM15-0020193		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	05/04/2001
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Washington

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 61 year old male who sustained an industrial injury on 05/04/07. He reports right shoulder, neck, mid and low back pain. Treatments to date include medications and right shoulder surgery. Diagnoses include cervical and lumbar musculoligamentous injury, impingement syndrome right shoulder, cervical spondylosis, lumbar spinal stenosis, cerebral intervertebral disc disorder, lumbar degenerative disc disease, and disc protrusions at L2-3, L3-4, and L4-5. The progress noted dated 06/23/2014 the documentation indicated the injured worker had started noticing a right hand resting tremor that started approximately a month prior to the examination. The physical examination findings remained unchanged from the prior examination. The request was made for an MRI of the cervical spine with and without contrast and a request for a neurologic consultation for the resting tremors in the injured worker's right hand. In a progress noted dated 09/15/14 the treating provider recommends medications including Ambien, medically supervised weight loss, and pain management consultation. On 01/26/15 Utilization Review non-certified Naproxen, Gabapentin, Tramadol, physical therapy, MRI of the cervical and lumbar spine, 6 trigger point injections, and EMG/NCV of the upper and lower extremities citing MTUS guidelines. Ambien was non-certified, citing ODG guidelines. Ranitidine was non-certified citing non-MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain with the medication. However, there was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for naproxen 500 mg #60 with 3 refills is not medically necessary.

**Ranitidine 150mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS guidelines recommend H2 receptor antagonists for injured workers at intermediate risk or higher for gastrointestinal events. They are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker had signs or symptoms of dyspepsia. There was a lack of documentation of efficacy for the request medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation to support a necessity for 3 refills. Given the above, the request for ranitidine 150 mg #60 with 3 refills is not medically necessary.

**Gabapentin 100mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The

clinical documentation submitted for review indicated the injured worker had 30% to 50% pain relief. However, there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation to support a necessity for 3 refills without re-evaluation. Given the above, the request for gabapentin 100 mg #60 with 3 refills is not medically necessary.

**Tramadol 50mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had objective pain relief. However, there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects and there was a lack of documentation indicating objective functional benefit that was received from the medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for 3 refills without re-evaluation. Given the above, the request for tramadol 50 mg #60 with 3 refills is not medically necessary.

**Ambien 10mg #30 with 3 refills: 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), TWC Pain Procedure Summary.

**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, Zolpidem.

**Decision rationale:** The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short term treatment of insomnia, 7 to 10 days. The clinical documentation submitted for review indicated the injured worker had utilized the medication. The efficacy was not provided. There was a lack of documented rationale for exceeding guideline recommendations for the duration of use. There was a lack of documented rationale for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ambien 10 mg #30 with 3 refills is not medically necessary.

**Physical therapy, 2 x 8, lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review failed to provide documentation of prior treatments. There was a lack of documentation of objective functional deficits. The injury was noted to have taken place in 2007. The request for 16 visits would be excessive. Given the above, the request for physical therapy 2 times 8 lumbar spine is not medically necessary.

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The ACOEM Guidelines indicate that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include the emergency of a red flag, physiologic evidence of tissue insult of neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The clinical documentation submitted for review failed to provide documentation of myotomal or dermatomal findings to support the necessity for an MRI of the cervical spine. There was a lack of documentation of the conservative care directed specifically at the cervical spine. Given the above, the request for MRI of the cervical spine is not medically necessary.

**EMG/NCV bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), 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 clinical documentation submitted for review failed to provide documentation of myotomal and dermatomal findings to support the necessity for an EMG and NCV. Additionally, there was a lack of documentation of a failure of conservative care. Given the above and the lack of documentation, the request for EMG/NCV bilateral upper extremities is not medically necessary.

**EMG/NCV bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. They do not address NCS of the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCS. There was a lack of documentation of myotomal and dermatomal findings to support the necessity for EMG/NCV. Given the above, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.

**6 trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 121, 122.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends trigger point injections for myofascial pain syndrome and they are not recommended for radicular pain. Criteria for the use of Trigger point injections include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; Symptoms have persisted for more than three months; Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; Radiculopathy is not present (by exam, imaging, or neuro-testing); and there are to be 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. Additionally they indicate that the frequency should not be at an interval less than two months. The clinical documentation submitted for review failed to provide that medical management therapies have failed. There was a lack of documentation of an objective examination, including that radiculopathy was not present. There was a lack of documentation of specific circumscribed trigger points with evidence upon palpation of a twitch response. The request as submitted failed to indicate the body parts to be injected. Given the above, the request for 6 trigger point injections is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve root compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment or who would consider surgery an option. The clinical documentation submitted for review failed to provide documentation of specific nerve compromise as there were no myotomal or dermatomal findings noted. Given the above, the request for MRI of the lumbar spine is not medically necessary.