

Case Number:	CM15-0218597		
Date Assigned:	11/10/2015	Date of Injury:	05/21/2011
Decision Date:	12/29/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/06/2015

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

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 05-21-2011. Medical records indicated the worker was treated for lumbar degenerative disc disease, lumbar spondylosis grade 1, and severe neural foraminal narrowing L5-S1. The provider notes of 10-01-2015, the injured worker complains of progressive low back pain and pain radiating down the legs, left worse than right with giving way of her legs and occasional falls from her legs giving way. On exam, there is diffuse tenderness throughout the lower lumbar area. Range of motion has forward bending 30 degrees, extension to neutral. Straight leg raising is positive bilaterally at 45 degrees. Range of motion is pain free in all joints of the bilateral lower extremities. Neurological exam of the lower extremities is unremarkable. Treatment plans included medications and neuro-diagnostic studies. A request for authorization was submitted for: 1. Repeat neuro-diagnostic studies BLE [to objectify the symptoms]. 2. Tramadol 50mg #60. 3. Anaprox 550mg #60. A utilization review decision 10-29-2015 denied: Repeat neuro-diagnostic studies BLE, Tramadol 50mg #60. Anaprox 550mg #60

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat neurodiagnostic studies BLE [to objectify the symptoms]: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter: Electrodiagnostic Testing.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter under Nerve conduction studies.

Decision rationale: Based on the 10/01/15 progress report provided by treating physician, the patient presents with low back pain radiating down the legs. The request is for repeat neuro-diagnostic studies ble [to objectify the symptoms]. Patient's diagnosis per Request for Authorization form dated 10/01/15 includes lumbar degenerative disc disease, lumbar spondylosis grade 1 L5-S1, and severe bilateral neural foraminal narrowing L5-S1. Treatment to date has included imaging and neuro-diagnostic studies, chiropractic, acupuncture, ESI's and medications. Patient's medications include Tramadol and Anaprox. The patient is permanent and stationary, per 10/01/15 report. ACOEM page 303 states, "Electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Repeat studies are not addressed. ODG, Low Back chapter under Nerve conduction studies (NCS) states, not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electrodiagnostic studies states: NCS, which are not recommended for low back conditions, and EMGs, which are recommended as an option for low back. Physical examination of the lumbar spine on 10/01/15 revealed diffuse tenderness throughout the lower lumbar area, and decreased range of motion. Straight leg raising positive bilaterally. Pain-free range of motion of all joints of both lower extremities and grossly normal neurological examination of the lower extremities. Per 10/01/15 report, treater states, "Due to increased symptoms I am recommending repeat neuro-diagnostic studies of the lower extremities to objectify [the patient's] symptoms." However, guidelines do not support NCV studies to address radiating leg symptoms when these are presumed to be coming from the spine. There are no concerns regarding plexopathies or peripheral neuropathies to warrant NCV studies, either. Therefore, the request for repeat neuro-diagnostic studies IS NOT medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation. 7th edition, 2011.

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

Decision rationale: Based on the 10/01/15 progress report provided by treating physician, the patient presents with low back pain radiating down the legs. The request is for Tramadol 50MG #60. Patient's diagnosis per Request for Authorization form dated 10/01/15 includes lumbar degenerative disc disease, lumbar spondylosis grade 1 L5-S1, and severe bilateral neural foraminal narrowing L5-S1. Physical examination of the lumbar spine on 10/01/15 revealed diffuse tenderness throughout the lower lumbar area, and decreased range of motion. Straight leg raising positive bilaterally. Treatment to date has included imaging and neuro-diagnostic studies, chiropractic, acupuncture, ESI's and medications. Patient's medications include Tramadol and

Anaprox. The patient is permanent and stationary, per 10/01/15 report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Tramadol has been included in patient's medications per progress reports dated 05/27/15, 07/22/15 and 10/01/15. It is not known when this medication was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Anaprox 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on the 10/01/15 progress report provided by treating physician, the patient presents with low back pain radiating down the legs. The request is for Anaprox 550MG #60. Patient's diagnosis per Request for Authorization form dated 10/01/15 includes lumbar degenerative disc disease, lumbar spondylosis grade 1 L5-S1, and severe bilateral neural foraminal narrowing L5-S1. Physical examination of the lumbar spine on 10/01/15 revealed diffuse tenderness throughout the lower lumbar area, and decreased range of motion. Straight leg raising positive bilaterally. Treatment to date has included imaging and neuro-diagnostic studies, chiropractic, acupuncture, ESI's and medications. Patient's medications include Tramadol and Anaprox. The patient is permanent and stationary, per 10/01/15 report. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti- inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Anaprox

was included in 10/01/15 report. It appears this medication is being initiated. Since this is the initial prescription for Anaprox, treater has not had the opportunity to document its efficacy. Given the patient's ongoing low back pain, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.