MAXIMUS Federal Services

Case Number:	CM15-0031942		
Date Assigned:	02/25/2015	Date of Injury:	12/05/2011
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/20/2015

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, Tennessee
Certification(s)/Specialty: Emergency 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 60 year old female, who sustained an industrial injury on December 5, 2011. The diagnoses have included lumbar disc displacement, lumbosacral disc degeneration and open wound of the hip/thigh. Treatment to date has included physical therapy, epidural injections, and medication. Currently, the injured worker complains of low back pain which radiates into her left lower extremity. She reports a feeling of numbness and tingling in the dorsolateral part of the left ankle and foot and the left buttock area. Her symptoms are aggravated with standing, sitting and walking and relieved with lying on her right side with a pillow between her legs. On examination, the injured worker uses a cane to ambulate and is hunched forward and decompensated to the left. She has diffuse tenderness in the lumbosacral junction and lower back. Her range of motion is restricted in the lumbar region and she has a mildly positive left extremity straight leg raise. Her hip range of motion is good and she reports numbness in the L5 distribution across the lateral part of the left calf and foot. On February 18, 2015 Utilization Review non-certified a request for pain management follow-up, EMG/NCS of the bilateral lower extremities, tramadol 150 mg #60 and tizanidine 4 mg #30-#60, noting that there is no specific documentation of clinical reasoning or medication necessity for a pain management evaluation; noting that there is no documentation of a new or progressive neurological deficit which would substantiate EMG/NCS; noting that the injured worker should have been weaned previously from Tramadol and noting that there is no documentation of subjective complaints or objective findings of spasms. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and the ACOEM were cited. On

February 20, 2015, the injured worker submitted an application for IMR for review of pain management follow-up, EMG/NCS of the bilateral lower extremities, tramadol 150 mg #60 and tizanidine 4 mg #30-#60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Follow-Up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate; Evaluation of Chronic Pain in Adults.

Decision rationale: Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: Symptoms that are debilitating. Symptoms located at multiple sites. Symptoms that do not respond to initial therapies. Escalating need for pain medication. In this case the patient has not had any significant change in her condition and there is no escalating need for pain medications. Medical necessity has not been established. The request should not be authorized.

EMG/NCS Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (http://www.odg-twc.com/odgtwc/Low_Back.htm).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 310. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back- Thoracic and Lumbar, Nerve Conduction Studies.

Decision rationale: EMG's (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. 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. 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. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this case the patient had prior EMG testing, confirming S1 radiculopathy. There has been no change in symptoms that would require repeat testing. Medical necessity has not been established. The request should not be authorized.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 7th edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been receiving tramadol since at least September 2012 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract and there is no documented urine drug testing in the past year. Criteria for long-term opioid use have not been met. The request should not be authorized.

Tizanidine 4mg #30-#60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

Decision rationale: Tizanidine is a muscle relaxant that acts centrally as an alpha2-adrenergic agonist that is FDA approved for management of spasticity. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the quantity of requested medication is sufficient for one month supply. The duration of

treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.