

<b>Case Number:</b>	CM15-0032329		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This 53 year old male sustained a work related injury on 02/22/2012. According to a partially legible progress report dated 01/07/2015, the injured worker completed 20 postoperative physical therapy sessions for the right shoulder and was still having limitation in raising the right shoulder and pain with overhead activity. Review of systems was positive for joint pain, muscle spasm, stress, anxiety, difficulty sleeping and high blood pressure. Physical examination was partially legible. Both knees demonstrated tenderness to palpation at mid lateral joint line and were positive for crepitus. Physical examination of the right shoulder revealed tenderness to palpation, flexion was 170 degrees, extension 36 degrees, abduction 158 degrees, adduction 40 degrees, internal rotation 72 degrees and external rotation 74 degrees. Examination of the lumbar spine revealed tenderness to palpation, positive straight leg raise, 2+ deep tendon reflexes bilateral lower extremities and positive Kemp bilateral lower extremities. On 12/22/2014 Electrodiagnostic testing/nerve conduction studies of the bilateral upper extremities were performed to evaluate complaints of residual right shoulder pain with paresthesia affecting the hands. Findings revealed electrical evidence of mild median sensory nerve prolongation through the left carpal tunnel and is most consistent with mild residual demyelination despite adequate left carpal tunnel release. On 01/20/2015, Utilization Review modified Norco 5/325mg #60 and non-certified Neurontin 300mg #90, MRI of the lumbar spine, EMG/NCV (electromyography/ nerve conduction velocity study) and diagnostic ultrasound. According to the Utilization Review physician in regard to Norco, the available reports were handwritten and difficult to read. There was no coherent typed medical report documenting the injury now 2+

years old, affected body parts, treatment course and diagnostic studies. There was lack of documentation in this case to indicate the efficacy of the prior use of narcotics in terms of reducing the patient's pain symptoms and the increased ability to participate in activities of daily living. There was no documentation of close monitoring including a pain contract and prescriber data base search. CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend narcotics for long term use. The injured worker has been taking this medication for an unknown time period. In regard to Neurontin, there was no documentation of functional benefit as result of use of this medication. CA MTUS Guidelines: Anti-epilepsy drugs were referenced. In regard to MRI of the lumbar spine, review of the available records does not address the low back treatment. There was no documentation of lumbar spine x-rays. There were no red flags. Without clear evidence of nerve root dysfunction, failed conservative treatment and the definite possibility of surgery, the request does not meet CA MTUS ACOEM Practice Guidelines (pages 303-304, and tables 12-1 & 12-8). Official Disability Guidelines were also referenced for this request. In regard to the EMG/NCV of the bilateral lower extremities, there was no coherent documentation of motor weakness, muscle atrophy, dermatomal sensory deficit and abnormal deep tendon reflexes. CA MTUS ACEOM page 178, Chapter 8 and Official Disability Guidelines was referenced. In regard to diagnostic ultrasound, the mechanism of injury was not provided on available documentation. There were no mechanical symptoms or positive examination findings which would indicate internal derangement. There were no red flags. CA MTUS ACEOM, page 343 and tables 13-1 & 13-6 and Official Disability Guidelines, Knee was referenced. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid on going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy/Mumford May 28, 2014; cervical spine strain/rain; lumbosacral spine sprain/strain with left sacroiliac joint sprain; bilateral wrist tendinitis with history of bilateral carpal tunnel release; bilateral knee PFA; and bilateral plantar fasciitis. The treating physician prescribed Norco as far back as June 17, 2014. The documentation is hand written. The documentation does not contain objective functional improvement as it relates to

ongoing Norco. There are no risk assessments in the record. There are no pain assessments in the record. Consequently, absent compelling clinical documentation with objective functional improvement to gauge the efficacy of long-term ongoing Norco 5/325 mg, Norco 5/325 mg #60 is not medically necessary.

**Neurontin 300mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Neurontin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 300mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy/Mumford May 28, 2014; cervical spine strain/rain; lumbosacral spine sprain/strain with left sacroiliac joint sprain; bilateral wrist tendinitis with history of bilateral carpal tunnel release; bilateral knee PFA; and bilateral plantar fasciitis. The treating physician first prescribed Neurontin October 28, 2014. There is no clinical indication/rationale in the medical record for Neurontin. The documentation does not contain objective functional improvement over the ensuing months to gauge its ongoing efficacy. Consequently, absent clinical documentation with objective functional improvement to gauge the long-term efficacy of ongoing Neurontin, Neurontin 300 mg #90 is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ACOEM Low Back Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit;

uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy/Mumford May 28, 2014; cervical spine strain/rain; lumbosacral spine sprain/strain with left sacroiliac joint sprain; bilateral wrist tendinitis with history of bilateral carpal tunnel release; bilateral knee PFA; and bilateral plantar fasciitis. Subjectively, the injured worker complained of low back pain. Objectively, there was tenderness to palpation of the lumbar paraspinal muscle groups. There was no neurologic deficit. MRI is indicated for uncomplicated low back pain with radiculopathy after one month conservative therapy and sooner if severe or progressive neurologic deficit. There is no radiculopathy on physical examination. The injured worker received physical therapy to the right shoulder. There is no documentation of conservative therapy (PT) to the lower back. There is no neurologic deficit on physical examination. The ACOEM and states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging. There are no unequivocal objective findings on neurologic evaluation. There is no radiculopathy (supra). Consequently, absent clinical documentation to support an unequivocal objective neurologic findings or red flags, MRI lumbar spine is not medically necessary.

**EMG/NCV:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. 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. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy/Mumford May 28, 2014; cervical spine strain/rain; lumbosacral spine sprain/strain with left sacroiliac joint sprain; bilateral wrist tendinitis with history of bilateral carpal tunnel release; bilateral knee PFA; and bilateral plantar fasciitis. Subjectively, the injured worker complained of low back pain. The injured worker complained of numbness and tingling in the lower extremities. Objectively, there was tenderness to palpation of the lumbar paraspinal muscle groups. There was no neurologic deficit. There is no documentation objectively of motor weakness, muscle atrophy, sensory deficit or abnormal

tendon reflexes. Consequently, absent clinical documentation with a clinical indication or rationale for EMG/NCV, EMG/NCV is not medically necessary.

**Diagnostic ultrasound:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343; Table 13-1 and Table 13-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Diagnostic ultrasound.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, diagnostic ultrasound bilateral knees is not medically necessary. The ACOEM support imaging studies as a mechanism for evaluating knee symptoms in the presence of red flag diagnoses, objective evidence of a meniscal or ligamentous tear and disabling mechanical signs. The ODG states soft tissue injuries (meniscal, chondral surface injuries and ligamentous disruption) are best evaluated by magnetic resonance imaging. In addition to MRI, sonography has been shown to be diagnostic for anterior ligament injuries in the presence of hemarthrosis or for follow-up. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopy/Mumford May 28, 2014; cervical spine strain/rain; lumbosacral spine sprain/strain with left sacroiliac joint sprain; bilateral wrist tendinitis with history of bilateral carpal tunnel release; bilateral knee PFA; and bilateral plantar fasciitis. Subjectively, there were no knee complaints in the record. The injured worker complained of numbness and tingling in both lower extremities. Objectively, knee examination showed tenderness the palpation of the medial and lateral joint lines, crepitus, and patellofemoral arthropathy. The ACOEM supports imaging studies as a mechanism for evaluating knee symptoms in the presence of red flag diagnoses, objective evidence of meniscal or ligamentous tear when disabling mechanical signs. There was no clinical evidence a red flag diagnosis, objective evidence of meniscal or ligamentous tear (the knee joint was stable) and there were no disabling mechanical signs. Consequently, absent clinical documentation of a red flag diagnosis objective evidence of meniscal tear and disabling mechanical science, diagnostic ultrasound bilateral knees is not medically necessary.