

Case Number:	CM15-0044651		
Date Assigned:	03/16/2015	Date of Injury:	09/29/1999
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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: Pennsylvania

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 49 year old man sustained an industrial injury on 9/29/1999 to his right heel and low back after being struck by a gondola and falling. The worker received medical attention at an urgent care center and his heel was sutured closed. Treatment included medications, casting, right foot injection, chiropractic treatment, vocational rehabilitation, and physical therapy. Another injury occurred to the low back, neck, elbow and right shoulder in 2003 due to a fall. He received medical attention and x-rays, medications, home exercise program, epidural injections, facet injections/medial branch blocks, and more chiropractic treatment and physical therapy. Current diagnoses include chronic neck pain, chronic low back pain, chronic elbow strain/sprain, chronic rotator cuff tendonitis, and status post right heel laceration, now healed. Reports note MRIs of the lumbar spine in 2004, 2006, 2010. The most recent MRI of the lumbar spine from 2/23/10 showed mild multilevel degenerative changes, suggestion of small central disc bulge at L3-4 and L4-5 with patent neural foramina at both levels and no nerve root compression. Medications in 2009 included Vicodin, Elavil, Prilosec, ultram, restoril, soma, and Relafen. Soma and Prilosec were prescribed in 2011 and 2012. It was noted that the injured worker last worked in 1999. Work status in October 2014 was noted to be "not applicable/under future care." Physician notes dated 9/8/2014 show complaints of neck pain with radiation to the head causing headaches, right shoulder pain, right elbow pain, low back pain, and right ankle pain rated 6-8/10. Medications at that time included soma and Vicodin. Physical examination showed no abdominal distension, normal bowel sounds, decreased range of motion of the neck, lumbar spine, and right shoulder, negative straight leg raising bilaterally, tenderness of the paraspinal muscles of the lumbar spine

without guarding or spasms, decreased sensation in the right L5 and bilateral C6 dermatomes, normal reflexes, and normal lower extremity strength. Similar complaints and findings were noted at a visit on 10/14/14. On 2/26/15, Utilization Review (UR) non-certified requests for soma 350 mg #60, prilosec 20 mg #30, gabapentin 300 mg #60, 1 toradol injection 60 mg, 1 electromyogram/nerve conduction velocity (EMG/NCS), 1 magnetic resonance imaging (MRI) and 6 chiropractic treatments. UR cited the MTUS, ACOEM, and ODG. The UR determination refers to a progress note of 2/13/15, which was not provided in the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) p. 29, Muscle Relaxants p. 63-66.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (Carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for years and the quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. Due to lack of recommendation by the guidelines, and length of use in excess of the guidelines, the request for soma is not medically necessary.

One (1) prescription of Prilosec 20mg #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 Chapter (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Per the MTUS, co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase

the risk of hip fracture. There are no medical reports which describe signs and symptoms of possible GI (gastrointestinal) disease. There were no abnormalities on examination of the abdomen in September 2014; more recent abdominal examination findings were not documented. The injured worker has been prescribed prilosec for several years. There is no documentation of recent prescription of a NSAID; the most recent notation of NSAID use was naproxen in 2012. Due to lack of specific indication and potential for toxicity, the request for prilosec is not medically necessary.

One (1) prescription of Gabapentin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and post-herpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy. The injured worker did not have diagnoses of neuropathic pain, diabetic neuropathy, or post-herpetic neuralgia. Due to lack of specific indication, the request for gabapentin is not medically necessary.

Toradol injection 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ketorolac Page(s): 72.

Decision rationale: Toradol (ketorolac) is indicated for the short-term (less than or equal to 5 days) management of moderately severe acute pain that requires analgesia at the opioid level, usually in a post-operative setting. The manufacturer states that Toradol is contraindicated in patients currently receiving ASA or NSAIDs because of the cumulative risk of inducing serious NSAID-related adverse events. The manufacturer and the MTUS state that Toradol "is NOT indicated for chronic painful conditions." This patient has had pain for years, and thus has chronic pain. The Utilization Review determination notes that a toradol injection was administered at a visit on 2/13/15; the report from this visit was not submitted. There is no documentation of the indication for administration of toradol injection. There was no documentation of recent surgery. Due to lack of specific indication, the request for toradol injection is not medically necessary.

One (1) EMG/NCV: 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), Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182, 177-179; 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies. neck and upper back chapter: EMG, nerve conduction studies.

Decision rationale: Regarding lower extremity electromyogram (EMG) and nerve conduction velocity (NCV), the ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Regarding upper extremity EMG/NCV, the ACOEM recommends EMG (electromyogram) to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural steroid injection. Nerve conduction velocity (NCV) is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. The ODG notes that EMG is moderately sensitive in relation to cervical radiculopathy. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG does not clearly demonstrate radiculopathy or is clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, the request for EMG/NCV did not specify whether the upper or lower extremities were to be tested. The examination from September and October 2014 documents decreased sensation at right L5 and bilateral C6 dermatomes, presence of back and neck pain, and normal lower extremity strength. Due to lack of a sufficiently specific prescription, and lack of indication for the NCV, the request for EMG/NCV is not medically necessary.

One (1) MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 170-172, 177-179, 182; 303-305, 309.

Decision rationale: Regarding the low back, the ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would

consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Regarding the cervical spine, per the MTUS/ACOEM, for most patients presenting with neck problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electro-diagnostic studies, laboratory tests, or bone scans. In this case, the injured worker had pain in multiple body parts with examination showing sensory loss only at the right L5 and bilateral C6 dermatomes. The request did not specify the body part to be examined by MRI. No red flag conditions were documented, and no plans for surgery or invasive procedures were discussed. Due to lack of indication and lack of a sufficiently specific prescription, the request for MRI is not medically necessary.

Six (6) chiropractic treatments: 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), Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. For "recurrences/flare-ups" an additional 1-2 visits every 4-6 months are an option if there is treatment success and return to work is achieved. The MTUS states that maintenance manipulation is not recommended. Per the MTUS, chiropractic manipulation is not recommended for the "Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee." The body part to be treated was not specified. This injured worker had complaints of pain in the neck, right shoulder, right elbow, low back, and right ankle. The documentation indicates that prior chiropractic treatment had been performed, although the dates, number of sessions, and outcome of treatment were not provided. There was no documentation of functional improvement as a result of prior chiropractic treatment. Recent work status was unclear but the documentation suggests that the injured worker had not achieved return to work. The prescription for chiropractic treatment was not sufficiently specific, as the body part to be treated was not noted. In addition, there was no documentation of functional improvement as a result of prior chiropractic treatment. The injured worker had chronic pain, with no documentation of recent flare-up. As such, the request for 6 chiropractic treatments is not medically necessary.

