

Case Number:	CM15-0048203		
Date Assigned:	03/20/2015	Date of Injury:	03/04/2011
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/13/2015

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 38-year-old male has been diagnosed with head, neck and right shoulder conditions after a fall with head trauma on 3/4/11. The injured worker was diagnosed with a right basilar skull fracture, post-concussion syndrome, cervical strain, and right shoulder acromial separation. Previous treatment has included right shoulder surgery, medications, transcutaneous electrical nerve stimulation (TENS), physical therapy, acupuncture, and chiropractic . The current primary treating physician has been seeing this injured worker since an initial evaluation on 3/31/12. At the initial visit there was shoulder, neck, and head pain. Ongoing medications were not listed. There were no neurological deficits. An electromyogram (EMG) from 7/20/13 reportedly showed a right C6-7 radiculopathy. Unspecified medications were prescribed. Dispensing records show cyclobenzaprine, omeprazole, and ketoprofen were dispensed. A neurology consultation was requested. Reports from the primary treating physician during 2013-2014 show ongoing neck pain, shoulder pain, tinnitus, dizziness, use of ketoprofen as needed (prn), chronic sensory deficits and grip loss on the right, and specialist referrals. Omeprazole is reportedly for "stomach aches." There were no reports of any neurology or ear, nose and throat (ENT) evaluations. The treatment plans included a neurology consultation, cognitive behavioral therapy with psychology evaluation, ENT consultation, and refills of ketoprofen and omeprazole. A complete blood count (CBC) and comprehensive metabolic panel (CMP) were reviewed. The work status was modified. A report of 2/15/15 was from a different treating physician. That report lists right ear hearing loss, headache, and grip loss in the right hand. The treatment plan included physical therapy, naproxen, nortriptyline, ENT consultation, electrodiagnostic testing,

neuropsychology and psychiatric consultations. On 2/17/15 Utilization Review non-certified naproxen, nortriptyline, an ENT consultation, and electrodiagnostic testing of the right arm. Note was made of a prior EMG in 2013, and the lack of indications for the requests per the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60,68,70.

Decision rationale: The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for non-steroidal anti-inflammatory drugs (NSAIDs), per the MTUS and other guidelines, should be for short term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Per the MTUS, NSAIDs may be used for chronic pain. Ongoing use is conditional upon evidence of significant benefit and lack of side effects. In this case, naproxen represents a change from the chronic use of ketoprofen, for which no reports showed significant benefit. A trial of a different NSAID may be an option but the request and prescription would need to be for a specific quantity and intake. Since the necessary information was not given, naproxen is not medically necessary.

Nortriptyline 10/30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Antidepressants for chronic pain Page(s): 60,13-16.

Decision rationale: The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for antidepressants, per the MTUS, should be for specific dosages and continued only if there is specific benefit. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. When an antidepressant for chronic pain is prescribed, a tricyclic antidepressant (TCA) would be the first choice (see the MTUS citations). When prescribed, the MTUS gives clear direction for outcome measurements, including functional improvement (see pages 13 and 60 of the citations above). A TCA like nortriptyline may be an option in this case but the prescription and request would need to be more specific, including a quantity, and directions. Given the insufficient prescribing information, the requested nortriptyline is not medically necessary.

ENT consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Etiology and diagnosis of tinnitus. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The medical records show chronic tinnitus, hearing loss, and other symptoms after a head trauma. These conditions may be indicated specific auditory pathology. There are no records of an ENT evaluation in the available reports. The injured worker should have at least one ENT evaluation due to the ongoing symptoms. Given the lack of evidence that an ENT evaluation has occurred, the evaluation is medically necessary. The Utilization Review is overturned, as the Utilization Review did not consider the specific auditory symptoms when considering medical necessity. The MTUS does not address ENT referrals. The UpToDate citation above reviews the evaluation of tinnitus, and a specialist is required for such an evaluation.

Electrodiagnostic testing for the right arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 168-171,196-201.

Decision rationale: There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific paresthesias or weakness are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. This injured worker has had prior electrodiagnostic testing that was not discussed by the treating physician. No repeat testing would be indicated absent a significant clinical change as well as a discussion of those test results. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS, or accounted for the prior electrodiagnostic testing results.