

Case Number:	CM15-0049088		
Date Assigned:	03/20/2015	Date of Injury:	10/05/2007
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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 66-year-old female, who sustained an industrial injury on 10/05/2007. The injured worker is currently diagnosed as having disc disease from C4-C7, bilateral humerus fractures status post open reduction and internal fixation, transverse process fracture from L2-5, internal derangement of bilateral knees, recovery from groin contusion, pelvic contusion, and liver contusion, and recovery from brain injury. Treatment to date has included bilateral shoulder and neck MRI, right knee surgery, hot/cold wrap, left knee brace, Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 02/02/2015, the treating physician reported tenderness along the lumbar spine, medial and lateral knee, and rotator cuff and prescribed Cyclobenzaprine and Norco, and requested to reauthorize electromyography for lower extremities since it was not done.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in the neck, low back and bilateral knees. The request is for CYCLOBENZAPRINE 75 MG # 60. Patient is status post right knee surgery, date unspecified. Physical examination to the lumbar spine on 02/02/15 revealed tenderness to palpation to the paraspinal muscles. Patient's treatments have included physical therapy, injections, bracing, hot and cold therapy, meniscectomy, and medications. Per 03/16/15 progress report, patient's diagnosis include discogenic cervical condition from C4-C7, sympathetic, fracture of both humerus status post reduction and internal fixation with impingement noted bilaterally, transverse fracture processes from L2 on the lumbar spine, MRI presently approved in March 2015, and radiculopathy noted down the right lower extremity, internal derangement of the knee on the right status post meniscectomy medially and laterally in 2011, three MRIs have been done with the most recent one in February 2013 showing a wear and arthritis, standing X-rays revealing no articular surface left laterally in January 2014, internal derangement of the knee on the left with MRI in the past being negative, treated conservatively, recovery from contusion, pelvic contusion, liver contusion, and brain injury, due to chronic pain, the patient has element of stress, depression and weight loss of 40 pounds. Patient's medications, per 02/02/15 progress report include Norco, Tramadol, Nalfon, Protonix, Flexeril and Naproxen. Patient is currently working. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In this case, no RFA was provided. The treater does not discuss this request. In review of the medical records provided, there were no records of prior use of this medication. The patient suffers with chronic neck, low back and bilateral knee pain. Given the patient's condition, a trial of this medication would be indicated. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the requested 90 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the neck, low back and bilateral knees. The request is for NORCO 10/325 MG # 90. Patient is status post right knee surgery, date unspecified. Physical examination to the lumbar spine on 02/02/15 revealed tenderness to palpation to the paraspinal muscles. Patient's treatments have included physical therapy, injections, bracing, hot and cold therapy, meniscectomy, and medications. Per 03/16/15 progress report, patient's diagnosis include discogenic cervical condition from C4-C7, sympathetic, fracture of both humerus status post reduction and internal fixation with impingement noted bilaterally, transverse fracture processes from L2 on the lumbar spine, MRI presently approved in March 2015, and radiculopathy noted down the right lower extremity, internal derangement of

the knee on the right status post meniscectomy medially and laterally in 2011, three MRIs have been done with the most recent one in February 2013 showing a wear and arthritis, standing X-rays revealing no articular surface left laterally in January 2014, internal derangement of the knee on the left with MRI in the past being negative, treated conservatively, recovery from contusion, pelvic contusion, liver contusion, and brain injury, due to chronic pain, the patient has element of stress, depression and weight loss of 40 pounds. Patient's medications, per 02/02/15 progress report include Norco, Tramadol, Nalfon, Protonix, Flexeril and Naproxen. Patient is currently working. MTUS Guidelines 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 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. The patient was prescribed Norco from 01/07/14 and 03/16/15. UR letter dated 03/02/15 modified the requested # 90 to # 57 tablets. In this case, treater has not discussed how Norco decreases pain and significantly improves patient's activities of daily living. In progress report dated 03/16/15, it is stated that the 10-panel urine screen showed evidence in February of Norco. However, no test results were available for review. There are no discussions with specific adverse effects, ADL's, etc. No CURES or opioid pain contract were provided either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

1 EMG lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, under EMGs (electromyography).

Decision rationale: The patient presents with pain in the neck, low back and bilateral knees. The request is for 1 EMG LOWER EXTREMITIES. Patient is status post right knee surgery, date unspecified. Physical examination to the lumbar spine on 02/02/15 revealed tenderness to palpation to the paraspinal muscles. Patient's treatments have included physical therapy, injections, bracing, hot and cold therapy, meniscectomy, and medications. Per 03/16/15 progress report, patient's diagnosis include discogenic cervical condition from C4-C7, sympathetic, fracture of both humerus status post reduction and internal fixation with impingement noted bilaterally, transverse fracture processes from L2 on the lumbar spine, MRI presently approved in March 2015, and radiculopathy noted down the right lower extremity, internal derangement of the knee on the right status post meniscectomy medially and laterally in 2011, three MRIs have been done with the most recent one in February 2013 showing a wear and arthritis, standing X-rays revealing no articular surface left laterally in January 2014, internal derangement of the knee on the left with MRI in the past being negative, treated conservatively, recovery from

contusion, pelvic contusion, liver contusion, and brain injury, due to chronic pain, the patient has element of stress, depression and weight loss of 40 pounds. Patient's medications, per 02/02/15 progress report include Norco, Tramadol, Nalfon, Protonix, Flexeril and Naproxen. Patient is currently working. For EMG, ACOEM Guidelines, Chapter 12 (Low Back Complaints) (2004) page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG Guidelines, Low Back Chapter, under EMGs (electromyography) states, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. (Dimopoulos, 2004) EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA, 2001) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended. See Surface electromyography.) There is no documentation that prior electrodiagnostic studies have been done. According to UR letter dated 03/02/15, the patient was approved for EMG of the bilateral lower extremities on 08/01/14 but it was not performed. The patient continues with neck, low back, and bilateral knee pain. Given the patient's persistent symptoms and the support from the guidelines, the request IS medically necessary.