

Case Number:	CM15-0049179		
Date Assigned:	03/23/2015	Date of Injury:	03/18/2009
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
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, Arizona

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 49-year-old female who reported injury on 03/18/2009. The mechanism of injury was not provided. The diagnoses included failed back syndrome and neuralgia. There was a Request for Authorization submitted for review dated 03/03/2015. The diagnoses included postlaminectomy syndrome lumbar region, unspecified neuralgia, neuritis and radiculitis and other acquired deformity of ankle and foot. The documentation 03/02/2015 revealed the injured worker was noted to have pain with radiating numbness and weakness of the lower extremity. The injured worker denied nausea, constipation, or upset or loss of bowel control. The injured worker's pain was noted to be an 8. The physical examination revealed a straight leg raise that was positive on the left at 60 degrees. The gait was antalgic. The anterior lumbar flexion caused pain. Motor strength was grossly normal with the exception of the left lower extremity. Knee flexion was 3-/5 and dorsiflexion was 1/5 to 2/5. There was left leg hypoesthesia at L5 and S1 dermatomes. There was moderate swelling in the left foot with limited active and passive range of motion on dorsiflexion and eversion. There was no allodynia or hyperesthesia. There was interval increase and tenderness in the left hip and low back region. There was bruising in the buttocks region. The injured worker was noted to have undergone 2 lumbar surgeries. The injured worker had left foot drop. The injured worker was noted to be on high doses of opioid medications. The documentation indicated the injured worker was utilizing Norco and it was helping her 30% to 50% in the short term. The Norco allowed the injured worker to function appropriately including getting up in the morning and grooming and bathing herself and performing chores and cleaning the house. The injured worker was utilizing OxyContin and as

such, was able to decrease Norco. The treatment plan included electrodiagnostic studies of the lower extremities, continuation of Norco and increased OxyContin 20 mg to 3 times a day and decrease Norco pills to 225. There was a refill requested for Valium. The documentation indicated the injured worker was taking medications as prescribed and keeping them safe from loss or theft. There was no documented issue of abuse, diversion, hoarding or impairment. The injured worker had a pain agreement on file and the injured worker was being monitored through CURES Report and urine drug screen. The medications that were dispensed included amitriptyline 50 mg 1 tablet every 6 hours, meloxicam 15 mg 1 every 12 hours, Norco 10/325 mg 1 to 2 tablets every 6 hours, OxyContin 20 mg 1 three times a day and Valium 10 mg 1 twice a day. The Request for Authorization submitted for review for the EMG and NCV was dated 12/11/2014. The injured worker was utilizing Elavil 25 mg to help with neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 50 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain. There was documentation of objective functional improvement. There was a lack of documentation including the assessment and the changes in the injured worker's sleep quality, duration and psychological assessment. There was documentation indicating the injured worker had a change of analgesic medications; however, it was not noted to be due to antidepressant. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for amitriptyline 50 mg #120 is not medically necessary.

Norco 10/325 mg #225: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The cumulative dosing of the opiates would be 170 mg, which exceeds 120 mg maximum dosage recommended. There was documentation of objective functional improvement and documentation the injured worker was being monitored for drug behavior and side effects. However, there was a lack of documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #225 is not medically necessary.

Meloxicam 15 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDS for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had objective functional improvement. However, there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for meloxicam 15 mg #30 is not medically necessary.

Valium 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend benzodiazepines for the treatment of chronic pain for longer than 4 weeks due to the possibility of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Valium 10 mg #60 is not medically necessary.

Electromyography (EMG) and nerve conduction velocity (NCV) testing (EMG/NCV) LE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, NCS.

Decision rationale: The American College of Occupational and Environmental Medicine states that 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. They do not address NCS of the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review failed to provide documentation of specific conservative treatment directed to the lumbar spine. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The objective findings would support the necessity for an EMG. However, as there was no specific documentation indicating a necessity for both an EMG and NCV, and there was no documentation of specific conservative care for the lumbar spine, the request for electromyography (EMG) and nerve conduction velocity (NCV) testing (EMG/NCV) LE: is not medically necessary.