

Case Number:	CM15-0051058		
Date Assigned:	03/24/2015	Date of Injury:	01/10/2013
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/17/2015

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:

The injured worker is a 63 year old female who sustained an industrial injury on January 10, 2013 due to a fall. The injured worker was diagnosed as having discogenic cervical condition with disc disease from C3-C7 and right sided radiculopathy, status post fusion at L4-L5, head injury status post-concussion with persistent headaches, blurry vision, memory changes, difficulty with concentration, anxiety and stress, and issues with weight loss, sleep, and depression. Past medical history includes hypertension and diabetes. Treatment to date has included physical therapy, trigger point injections, electrodiagnostic studies of the upper extremities, neck MRI, neck traction, transcutaneous electrical nerve stimulation (TENS), and medication. Progress notes from September 2014 to February 2015 were submitted. Tramadol was prescribed since October 2014. Currently, the injured worker complains of shooting pain down the arm with numbness, tingling, headaches, depression, and neck and lower back symptoms. The treating physician's report dated March 5, 2015, noted tenderness along the lumbosacral area, and along the neck. The injured worker reported that the injection provided to the shoulder blade at the previous visit had been very helpful. The medications prescribed were Flexeril, Protonix, Lunesta, Trazodone, Tramadol ER, LidoPro cream, and Nalfon. The physician noted that nerve studies of the lower extremities had been previously approved but needed an extension. The documentation indicates that the injured worker stopped working in January 2013. The physician requested authorization for a back brace, hot and cold wrap, electrodiagnostic studies of the lower extremities, medications, and psychiatry referral. On 3/13/15, Utilization Review (UR) non-certified requests for back brace, electromyogram/nerve

conduction velocity (EMG/NCV) of the bilateral lower extremities, protonix 20 mg 360, and tramadol ER 150 mg #30. UR cited the ACOEM, ODG, and additional references.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME back brace Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 138, 139. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): chapter 1 p. 9, chapter 12 p. 308.

Decision rationale: This injured worker has chronic low back pain. The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain, see page 308. On Page 9 of the Guidelines, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security". The updated ACOEM Guidelines likewise do not recommend lumbar braces for treatment of low back pain. Due to lack of recommendation by the guidelines, the request for back brace is not medically necessary.

EMG/NCV, of the bilateral lower extremities Qty: 1: 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, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

Decision rationale: 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. In this case, there was documentation of low back pain with tenderness in the lumbosacral area. No detailed examination of the lower extremities was submitted; there was no documentation of lower extremity strength, sensation, or reflexes. Due to lack of documentation of physical examination findings to suggest neurologic dysfunction or possible radiculopathy, the request for EMG/NCV of the lower extremities is not medically necessary.

Protonix 20mg Qty: 60: 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.

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

Decision rationale: This injured worker has been prescribed nalfon, a NSAID, and protonix, a PPI. Per the MTUS, co-therapy with a nonsteroidal 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 is no examination of the abdomen on record. None of the risk factors noted above were documented for this injured worker. Due to lack of specific indication, the request for protonix is not medically necessary.

Narcotic Tramadol ER 150mg Qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ortho-mcneil.com/active/janus/en-US/assets/common/company/pi/ultramer.pdf#zoom=100>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines p. 74-96.

Decision rationale: This injured worker has been prescribed tramadol for at least 5 months. Tramadol is a centrally acting synthetic opioid analgesic which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), certain antidepressants, and other opioids. It may also produce life-threatening serotonin syndrome. This injured worker has also been prescribed trazodone, increasing the risk of serotonin syndrome. There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no documentation of opioid contract or functional goals. The documentation indicates that the injured worker has not worked since 2013. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug

screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.