

Case Number:	CM15-0058324		
Date Assigned:	04/03/2015	Date of Injury:	02/05/2006
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/27/2015

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 43 year old female who has reported low back pain after stooping and lifting on February 5, 2006. The electrodiagnostic testing on 3/23/11 showed absent H-reflexes, interpreted as a weak finding for radiculopathy. The diagnoses have included depression, disc disease, and chronic pain syndrome. Treatment has included a transcutaneous electrical nerve stimulation (TENS) unit, medications, a brace, and injections. The injured worker has not worked in many years. Reports from the current primary treating physician from 2012-2015 show ongoing neck and low back pain which radiates into the lower extremities, chronic opioid prescribing (Norco), and other medications including Terocin, naproxen, lorazepam, Synovacin, Lidoderm, Soma, tramadol, Protonix, Dendracin, trazodone, Lidopro, and Remeron. She was stated to be not working. Sleep was poor, for which Remeron was prescribed. A TENS unit was apparently used by the injured worker. The results of a trial and ongoing use were not described specifically. Function was very limited. Electrodiagnostic testing was recommended repeatedly, with no clinical findings of new and significant neurological deficits. A urine drug screen and blood tests were requested on 9/11/14. The urine drug screen was to be done 'immediately' as of 11/4/14 but it was not completed, for reasons not stated. Per the office visits on 1/30/15 and 3/3/15, there was ongoing low back pain that was worsening. There were psychiatric problems. Unspecified medications keep her functional. The injured worker was stated to be in treatment for H. pylori with a 44-day medication regimen. There were no neurological deficits. The treatment plans included a 'larger' TENS unit, electrodiagnostic studies, MRI, Nalfon, Protonix, Neurontin, tramadol, Effexor, trazodone, Norco, Flexeril, Remeron, blood tests, and a urine drug

screen. On 3/11/15 Utilization Review certified Nalfon, partially certified Norco, and non-certified electrodiagnostic testing, TENS, Flexeril, Neurontin, tramadol, Effexor, and trazodone. The Utilization Review physician noted a prior EMG in 2011 and the lack of changes clinically since that time. The requests were not found to meet the recommendations in the MTUS and the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) EMG-NCV of the bilateral lower extremities: 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 12 Low Back Complaints Page(s): 303, 309.

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 pain or paresthesias 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. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. This injured worker has had prior electrodiagnostic testing that was not discussed by the treating physician with respect to any clinical changes indicating a need to repeat testing. 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.

One (1) TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-117.

Decision rationale: No physician reports address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. Although a TENS unit is mentioned in many of the medical reports, none of those reports address the pattern of use and specific benefits from using it. All the reports that address function note that function is very limited. The desired functional improvement from this treatment is not evident. Given the lack of clear indications in this injured worker (primary reason), and the lack of any clinical trial or treatment plan per the MTUS (secondary reason), a TENS unit is not medically necessary.

One (1) prescription for Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 94, 77-81, 60.

Decision rationale: There is insufficient 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, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address many of the other recommendations in the MTUS. There is no evidence of increased function from the opioids used to date. The injured worker has never returned to work, which fails the 'return-to-work' criterion for opioids in the MTUS. This injured worker is consistently described as having poor function and a limited ability to perform even light activities of daily living. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of an adequate urine drug screen program. The treating physician has stated that a drug screen was imminent and then it was not performed. One of the essential principles of drug testing is that it is not performed at the patient's discretion and that it should be performed randomly. There is not an adequate drug-testing program in this case. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

One (1) prescription of Neurontin 600mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials Page(s): 16-22; 60.

Decision rationale: Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports, which adequately address the specific symptomatic and functional benefit from the gabapentin used to date. Note the criteria for a 'good' response per the MTUS. No reports describe good functional benefit from any treatment, and function as described in this injured worker is quite poor. None of the reports describes the specific results of using gabapentin. Antiepileptic drugs (AEDs) have a significant risk of teratogenicity and alterations in contraceptives, and this must be discussed with the patient. There is no evidence that this reproductive-age woman has been counseled regarding this significant issue. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of counseling and consent regarding the reproductive risks, and the lack of significant symptomatic and functional benefit from its use to date.

One (1) prescription of Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, muscle relaxants Page(s): 41-42; 63-66.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of 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 consistently for over a year. 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 prescribing muscle relaxants. Function remains very limited and the injured worker has never returned to work. Cyclobenzaprine, per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

One (1) prescription of Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials; Tramadol Page(s): 77-81; 60; 94, 113.

Decision rationale: There is insufficient 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, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address many of the other recommendations in the MTUS. There is no evidence of increased function from the opioids used to date. The injured worker has never returned to work, which fails the 'return-to-work' criterion for opioids in the MTUS. This injured worker is consistently described as having poor function and a limited ability to perform even light activities of daily living. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of an adequate urine drug screen program. The treating physician has stated that a drug screen was imminent and then it was not performed. One of the essential principles of drug testing is that it is not performed at the patient's discretion and that it should be performed randomly. There is not an adequate drug-testing program in this case. Tramadol has been prescribed simultaneously with Effexor. There are significant risks due to toxicity and this has not been addressed by the treating physician. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

One (1) prescription of Effexor SR 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Antidepressants for chronic pain; SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 60; 13-16; 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, antidepressants.

Decision rationale: Effexor is apparently prescribed for depression. An serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressant may be used for chronic pain as well, but there is no evidence of any increased function or pain relief from Effexor used to date. None of the physician reports describe the specific benefits for pain, depression, and function after using Effexor for many months. The MTUS does not address the use of antidepressants for depression other than a general recommendation that they are an option. The Official Disability Guidelines note that they may be effective for severe depression but are not very effective for mild or moderate depression. Antidepressants may take several weeks to become effective. In this case, Effexor has been prescribed for months or more, with no reports showing any specific benefit. In addition, Effexor has been prescribed with tramadol, which exposes the injured worker to the potential of significant toxicity. This has not been addressed by the treating physician. In light of the absence of apparent benefit, the potential toxicity, and the guideline recommendations, continued Effexor is not medically necessary.

One (1) prescription of Trazodone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Antidepressants for chronic pain Page(s): 60, 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, antidepressants; Updated ACOEM Guidelines, Chronic Pain, Page 99, Selective Serotonin Reuptake Inhibitors (SSRIs), Bupropion or Trazodone for Chronic Persistent Pain.

Decision rationale: Trazodone is apparently prescribed for depression, insomnia, or chronic pain. The reports are not entirely clear about the indications for this injured worker. Trazodone was used in the past for this injured worker, with no apparent benefit. The more recent reports do not sufficiently address the indications and results of use. The updated ACOEM Guidelines cited above strongly recommend against trazodone for chronic pain. The Official Disability Guidelines for insomnia, cited above, recommend against longer-term use of any hypnotic and recommend a detailed evaluation of any sleep disorder. In this case, trazodone has been used long term without any detailed analysis of a sleep disorder and without any description of specific benefit. There is insufficient evidence of any increased function, better sleep, or pain relief from trazodone used to date. None of the physician reports describes the specific benefits for pain, depression, and function after using trazodone. The MTUS does not address the use of antidepressants for depression other than a general recommendation that they are an option. The Official Disability Guidelines note that they may be effective for severe depression but are not very effective for mild or moderate depression. Antidepressants may take several weeks to become effective. In this case, trazodone has been prescribed for months or more, with no reports showing any specific benefit. In light of the absence of apparent benefit, and the guideline recommendations, continued trazodone is not medically necessary.