

Case Number:	CM15-0062205		
Date Assigned:	04/20/2015	Date of Injury:	06/15/2005
Decision Date:	09/23/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/01/2015

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: Preventive Medicine, Occupational 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 35 year old female, who sustained an industrial injury on 6/15/05. The diagnoses have included discogenic cervical condition, discogenic lumbar condition, epicondylitis bilaterally, ulnar nerve neuritis on the right and depression. Treatment to date has included medications, diagnostics, activity modifications, injections, Transcutaneous electrical nerve stimulation (TENS), bracing, physical therapy, home exercise program (HEP) and conservative care. Currently, as per the physician progress note dated 3/2/15, the injured worker complains of shooting pain from her low back to her left hand. She had an epidural steroid injection (ESI) to the lumbar spine over two years ago without benefit. It is noted that she has been using a back brace and hot and cold wraps. She does not have any neck traction. She does have a neck pillow and soft and rigid braces. She has access to a small transcutaneous electrical nerve stimulation (TENS) unit. She also reports sleep, and sexual dysfunction and depression. She continues to work doing clerical tasks and goes to school. The objective findings reveals tenderness along the top of the thigh with decreased sensation, tenderness along the lumbar muscles and pain with facet loading, and gait is antalgic and wide-based. The current medications included OxyContin, Oxycodone, Naproxen, Nalfon, Flexeril, Protonix, Fioricet and Topamax. The urine drug screen dated 12/9/14 was consistent with medications prescribed. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical and lumbar spine which was not noted in the records. Work status is for the injured worker to continue with working. The physician requested treatments included electromyography (EMG)/NCV bilateral upper extremities, Cervical traction with air bladder,

Fluoroscopy, IF or muscle stimulator, electromyography (EMG) /nerve conduction velocity studies (NCV) bilateral lower extremities, OxyContin 30mg quantity of 90, Oxycodone 5mg quantity of 120.00, Flexeril 7.5mg quantity of 60, Protonix 20mg quantity of 60, and Fioricet quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269, 270. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, wrist and hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electromyography (EMG).

Decision rationale: Recommended (needle, not surface) as an option in selected cases. EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. EMG/NCV bilateral upper extremities is not medically necessary.

Cervical traction with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Traction.

Decision rationale: The Official Disability Guidelines recommend home cervical patient-controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy; however, the device ordered is not a seated over-the-door device or a supine device as recommended by the ODG. Cervical traction with air bladder is not medically necessary.

Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the MTUS, special studies such as a cervical fluoroscopy are not needed unless a red-flag condition is present. Cervical fluoroscopy are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. There is no documentation of any of the above criteria. Fluoroscopy is not medically necessary.

IF or muscle stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices), TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation (ICS) Page(s): 118-120.

Decision rationale: According to the MTUS an interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. A TENS unit without interferential current stimulation is the recommended treatment by the MTUS. IF or muscle stimulator is not medically necessary.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. EMG/NCV bilateral lower extremities is not medically necessary.

Oxycontin 30mg, qty:90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of oxycontin, the patient has reported very little, if any, functional improvement or pain relief over the course of the last six months. Oxycontin 30mg, qty:90 is not medically necessary.

Oxycodone 5mg, qty:120.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain Page(s): 74-94.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Oxycodone 5mg, qty:120.00 is not medically necessary.

Flexeril 7.5mg qty:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Flexeril. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Flexeril 7.5mg qty:60 is not medically necessary.

Protonix 20mg qty:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitor, NSAIDS & gastrointestinal events Page(s): 68.

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Protonix 20mg qty:60 is not medically necessary.

Fioricet qty:60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The Official Disability Guidelines do not recommended Fioricet for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. Fioricet qty:60 is not medically necessary.