

Case Number:	CM15-0065885		
Date Assigned:	05/01/2015	Date of Injury:	04/11/2014
Decision Date:	10/06/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, 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 applicant is a represented 33-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 11, 2014. In a Utilization Review report dated April 2, 2015, the claims administrator failed to approve requests for EMG testing of bilateral lower extremities, Valium, Flexeril, fenoprofen, lidocaine cream, Prilosec, Senna, and tramadol. The claims administrator referenced March 27, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On a handwritten progress note dated April 2, 2015, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of low back pain. Ancillary complaints of myofascial pain were reported. The applicant was asked to consult a gynecologist. MRI imaging of the lumbar spine was sought. Internal medicine, physiatry, and gynecology evaluations were all endorsed while the applicant was kept off work. The applicant was also placed off work via progress notes of January 15, 2015 and March 3, 2015. No seeming discussion of medication efficacy transpired in handwritten progress notes of January 15, 2015, March 3, 2015, and/or April 2, 2015. The applicant was seemingly placed off work on each occasion, however. In a handwritten order form dated April 11, 2014, ultrasound, Motrin, and Flexeril were endorsed, seemingly without any discussion of medication efficacy. On May 23, 2014, Motrin, Flexeril, and Ultracet were again prescribed via the handwritten progress note of that date. No seeming discussion of medication efficacy transpired. The remainder of the file was surveyed. It did not appear that March 27, 2014 RFA form or the March 10, 2015 pain management progress note which the claims administrator based its decision upon were incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (http://www.odg-twc.com/odgtwc/Low_Back.htm).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: No, the request for EMG testing of bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, handwritten progress notes of April 2, 2015 and March 3, 2015 both suggested that the applicant carried a diagnosis of "lumbar disk injury with radiculopathy." It was not clearly stated, thus, why EMG testing was sought as the applicant already carried a diagnosis of clinically evident, radiographic-confirmed lumbar radiculopathy, as was suggested on those dates. Therefore, the request was not medically necessary.

Valium 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Valium, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods," in cases of overwhelming symptoms. Here, however, the 30-tablet supply of Valium at issue implies chronic, long-term, and/or daily usage of the same, i.e., usage, which runs counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Cyclobenzaprine HCL (Fexmid) 7. 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for cyclobenzaprine (Fexmid) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Fexmid to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including fenoprofen, tramadol, Valium, etc. Adding cyclobenzaprine or Fexmid to the mix was not recommended. It was further noted that the 60-tablet supply of cyclobenzaprine at issue, in and of itself, represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Fenoprofen Calcium 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: Similarly, the request for fenoprofen (Nalfon), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as fenoprofen do represent the traditional first-line of treatment for various chronic pain conditions, including chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, it did not appear that March 10, 2015 progress note on which the article in question was endorsed was incorporated into the IMR packet. Progress notes, which were provided, including those dated March 3, 2015 and April 2, 2015 failed to incorporate any seeming discussion of medication efficacy. The fact that the applicant remained off work, on total temporary disability, as suggested on March 3, 2015 and on April 2, 2015, however, strongly suggested lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of fenoprofen. Therefore, the request was not medically necessary.

Lidocaine 4% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Similarly, the request for topical lidocaine cream was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, here, however, the March 10, 2015 progress note on which the article in question was

seemingly endorsed was not seemingly incorporated into the IMR packet. There was no mention of intolerance and/or failure of anticonvulsant adjuvant medications and/or antidepressant adjuvant medications prior to introduction, selection, and/or ongoing usage of topical lidocaine on the April 2, 2015 and March 3, 2015 progress notes provided. Therefore, the request was not medically necessary.

Omeprazole DR (Prilosec) 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 112.

Decision rationale: Similarly, the request for omeprazole (Prilosec), a proton-pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton-pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's experiencing issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on progress notes of March 3, 2015 and April 2, 2015, referenced above. Therefore, the request was not medically necessary.

Senna (Senokot) 8.6mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Conversely, the request for Senna, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic indication for treatment for constipation is recommended in applicants using opioids. Here, the applicant was apparently using tramadol, a synthetic opioid. Concomitant provision of Senna, a laxative agent, was thus, indicated in conjunction with the same. Therefore, the request was medically necessary.

Tramadol HCL ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain

achieved as the result of the same. Here, however, the applicant was placed off work, on total temporary disability, it was reported on progress notes of March 3, 2015 and April 2, 2015, referenced above. Those progress notes failed to incorporate any seeming discussion of medication selection or medication efficacy. The March 10, 2015 progress note which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. The progress notes which were on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.