

Case Number:	CM15-0089428		
Date Assigned:	05/13/2015	Date of Injury:	10/09/2007
Decision Date:	06/19/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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:

This 35 year old male sustained an industrial injury to the neck and shoulder on 10/9/07. Current diagnoses included right shoulder pain, right shoulder adhesive capsulitis, clinically consistent cervical spine radiculopathy, neck pain and cervical spine degenerative disc disease. Previous evaluation and treatment included magnetic resonance imaging, shoulder surgery, cervical epidural steroid injection, psychotherapy, inversion table, home exercise and medications. MRI of the cervical spine from September 2011 showed multilevel disc desiccation, C6 and C7 vertebral body spurring with C6-7 neuroforaminal narrowing with slight effacement of the spinal cord. Reports from October 2014 to March 2015 reflect ongoing neck, shoulder, and hand pain. Medications in October 2014 were tramadol and tizanidine; methadone was added in October 2014. Norco was prescribed in December 2014. Medications in February 2015 included Tylenol, methadone, tizanidine, and tramadol. Gabapentin was prescribed in February 2015. It was noted in December 2014 that the injured worker was not employed. In a PR-2 dated 3/27/15, the injured worker complained of increased neck, shoulder and arm pain, rating his pain over 10/10 on the visual analog scale. Pain was described as deep and aching with radiating pain and numbness into the right arm, burning into the forearm with swelling into the right hand. The injured worker was flushed and stated that he felt like vomiting. He stated that his pain was so severe that he might need to go to the Emergency Department. The injured worker also complained of ongoing difficulty sleeping. The injured worker reported that he had been using Nortriptyline for the past two weeks. He stated that it made him dizzy but did not help with sleep. The injured worker also reported using Neurontin throughout the day, which was not

helpful. Physical exam was remarkable for cervical spine with tenderness to palpation to the paraspinal musculature with spasms and stiffness on range of motion, tenderness to palpation to the cervical facet joint and right acromioclavicular joint, painful range of motion to the right shoulder, right upper extremity with 4/5 strength and dysesthesia to light touch at the C7-8 distribution. The treatment plan included a trial of Gralise, prescriptions for Zanaflex and Norco, an upper extremity electromyography/nerve conduction velocity test and a consultation for cervical spine epidural steroid injections at C7-T1. Work status was noted as modified work. On 4/15/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg 4 Week Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: This injured worker has chronic neck, shoulder, and arm pain. Gabapentin (neurontin, gralise) was prescribed in February 2015. Progress note of March 2015 states that gabapentin was not helpful. Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy. A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. In this case, there was no documentation of neuropathic pain, and documentation of lack of improvement in pain with use of gabapentin. Due to lack of specific indication and lack of at least moderate response to treatment, the request for gralise is not medically necessary.

Pre Procedure Consult and CESI C7-T1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, non-steroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. No more than one interlaminar level should be injected at one session, and repeat blocks should be based on continued objective documented pain and functional improvement. In this case, there are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The side of injection was not specified, and the request is for injection of multiple levels. Due to insufficiently specific prescription, request for injection at multiple levels, and insufficient clinical findings of radiculopathy, the request for Pre Procedure Consult and CESI C7-T1 is not medically necessary.

Zanaflex 4 mg Qty 30: Upheld

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

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

Decision rationale: This injured worker has chronic neck, shoulder, and arm pain. Tizanidine (zanaflex) has been prescribed for at least 5 months, since October 2014. 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. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Tizanidine (Zanaflex) is FDA approved for management of spasticity and unlabeled for use for low back pain. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Liver function tests should be monitored. It should be used with caution in renal impairment and avoided in hepatic impairment. There was no documentation of monitoring of laboratory tests. Due to length of use in excess of the guideline recommendations and potential for toxicity, the request for zanaflex is not medically necessary.

Norco 5/325mg #30: 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): 74-96.

Decision rationale: This injured worker has chronic neck, shoulder, and arm pain. Opioids have been prescribed for at least 5 months, since October 2014. Tramadol was prescribed in October 2014 and Norco was prescribed in December 2014. 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, and opioid contract. None of these aspects of prescribing are in evidence. 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 MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." 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, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

EMG/NCS Bilateral Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 168-171, 182, 268-269, 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter: EMG, nerve conduction studies.

Decision rationale: The ACOEM recommends EMG (electromyogram) to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural steroid injection. Nerve conduction velocity (NCV) is recommended for median or ulnar impingement at the wrist after failure of conservative treatment. The ODG notes that EMG is moderately sensitive in relation to cervical radiculopathy. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG does not clearly demonstrate radiculopathy or is clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. This injured worker has chronic neck and arm pain, with numbness in the right arm, decreased

right upper extremity strength and dysesthesias, and presumed cervical radiculopathy. There was no documentation of symptoms or findings of median or ulnar nerve entrapment at the wrist. MRI findings showed C6 and C7 vertebral body spurring and C6-7 neuroforaminal narrowing. While EMG would be indicated to clarify nerve root dysfunction, there is no current indication for the nerve conduction study. As such, the request for EMG/NCS Bilateral Upper Extremity is not medically necessary.