

Case Number:	CM14-0142923		
Date Assigned:	09/10/2014	Date of Injury:	09/30/2011
Decision Date:	10/10/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Anesthesiology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36-year-old male with a date of injury of 09/30/2011. The patients' diagnoses include cervical and right shoulder pain, lumbosacral pain with radiation to the right buttock, right knee pain, lower back pain and headache. According to the medical documentation this patient is not currently taking any prescription medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Medicationns for chronic pain, Antispasmodics Page(s): 41-42, 48, 60-64.

Decision rationale: Cyclobenzaprine is a muscle relaxant and a central nervous system depressant. According to MTUS Guidelines, it is recommended as a short course of therapy for the management of back pain. However, according to MTUS Guidelines starting prescription medication for chronic pain should occur after a determination is made regarding the reason for using a particular medication, potential benefits/adverse effects and patient preferences. As a central nervous system depressant the side effects of cyclobenzaprine include drowsiness and

urinary retention and headaches. There is no documented evidence delineating the reason or reasons cyclobenzaprine is being prescribed nor any documentation of discussion of side effects or patient preferences. Therefore, the above listed request is considered to be not medically necessary.

Docusate Sodium 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Opioid-induced constipation

Decision rationale: This is a request for Docusate Sodium 100 mg. Docusate sodium is a stool softener used to relieve occasional constipation. MTUS guidelines recommend prophylactic treatment of constipation for patients taking opioids. There is no documented evidence of opioid therapy for this patient. In addition, first-line treatment for constipation includes appropriate hydration and consuming a diet that is high in fiber. Therefore, the above listed request is considered to be not medically necessary.

Blood Tests: CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel): 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 NSAIDs Page(s): 70.

Decision rationale: This is a request for a CBC and a CMP. According to the MTUS Guidelines, lab monitoring of CBC and CMP is suggested periodically for patients taking an NSAID (Non-steroidal Anti-inflammatory). Although there is documented evidence of a request and certification for fenoprofen the reason for the request for CBC and CMP is not documented and uncertain. There is no recommendation for lab testing prior to beginning a patient on an NSAID. There is no other documented reason for requesting the CBC and CMP. Therefore the above listed request is considered to be not medically necessary.

NCV (nerve conduction velocity) test for Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK- THORACIC AND LUMBAR (ACUTE & CHRONIC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Low Back Pain, Electromyography, Electrodiagnostic studies Other Medical Treatment
Guideline or Medical Evidence: Electrodiagnostic testing of nerves and muscles: When, why,
and how to order. Chemali KR, Tsao B. Cleve Clin J Med. 2005 Jan;72(1): 37-48

Decision rationale: According to ACOEM guidelines and the ODG, special nerve conduction studies are not recommended for most patients with low back problems or for patients with vague neurologic findings on physical examination. Sometimes electrodiagnostic studies are used to identify nerve compromise if the neurologic examination is unclear or equivocal. Typically these tests are performed to evaluate for nerve damage or compromise prior to ordering imaging studies such as MRI, which is typically utilized to help define a potential cause of nerve impairment. There is no documented indication for electromyography or nerve conduction velocity of bilateral lower extremities. There are no documented physical examination findings consistent with new or progressive neurologic changes, either motor or sensory. In addition, according to the Cleveland Clinic Journal of Medicine, in patients with symptoms primarily of pain without objective evidence of weakness electrodiagnostic testing is low yield and not recommended. In cases such as this, electrodiagnostic testing is not recommended regardless of the presence or absence of radicular symptoms. Therefore, the above listed request is considered to be not medically necessary.

EMG (Electromyography) for the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain, Electromyography, Electrodiagnostic studies X Other Medical Treatment Guideline or Medical Evidence: Electrodiagnostic testing of nerves and muscles: When, why, and how to order. Chemali KR, Tsao B. Cleve Clin J Med. 2005 Jan;72(1): 37-48

Decision rationale: According to ACOEM guidelines and the ODG, special nerve conduction studies are not recommended for most patients with low back problems or for patients with vague neurologic findings on physical examination. Sometimes electrodiagnostic studies are used to identify nerve compromise if the neurologic examination is unclear or equivocal. Typically these tests are performed to evaluate for nerve damage or compromise prior to ordering imaging studies such as MRI, which is typically utilized to help define a potential cause of nerve impairment. There is no documented indication for electromyography or nerve conduction velocity of bilateral lower extremities. There are no documented physical examination findings consistent with new or progressive neurologic changes, either motor or sensory. In addition, according to the Cleveland Clinic Journal of Medicine, in patients with symptoms primarily of pain without objective evidence of weakness electrodiagnostic testing is low yield and not recommended. In cases such as this, electrodiagnostic testing is not recommended regardless of the presence or absence of radicular symptoms. Therefore, the above listed request is considered to be not medically necessary.