

Case Number:	CM14-0086100		
Date Assigned:	07/23/2014	Date of Injury:	09/10/2007
Decision Date:	10/10/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal Medicine 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:

The patient is an injured worker with the diagnoses of cervical spine strain sprain, cervical spine discogenic disease with radiculitis, and history of hypertension and gastroesophageal reflux disease. Date of injury was 09-10-2007. Primary treating physician's report dated 1/23/14 documented subjective complaints of pain in the neck that radiates in the pattern of bilateral C6 and C7 dermatomes. His pain in the neck is rated as 7/10. Objective findings was documented. Regarding the cervical Spine, there was tenderness to palpation over the paraspinal muscles. There was restricted range of motion. Cervical compression test was positive. Diagnoses were cervical spine strain sprain, cervical spine discogenic disease with radiculitis, and history of hypertension and gastroesophageal reflux disease. Treatment plan included prescriptions for FluriFlex, Ambien CR, Vicodin 5/325 mg, Soma, and Meloxicam 15 mg #30 daily. He was referred for consultation with an internist. The patient is pending EMG/NCV of the upper extremities. Utilization review determination date was 05-20-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg 330 ,as prescribed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 71,72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. Medical records document that the patient has a diagnosis of hypertension and GERD gastroesophageal reflux disease. No recent blood pressure measurements were present in the medical records. No recent laboratory tests were present in the medical records. MTUS and FDA guidelines warn against the use of NSAIDs in patients with hypertension, and recommend monitoring of blood pressure and laboratory tests. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment, and are not recommended in patient with a history of GERD. MTUS guidelines do not support the long-term of NSAIDs. Meloxicam (Mobic) is a nonsteroidal anti-inflammatory drug (NSAID). The use of Meloxicam is not supported by the medical records and MTUS guidelines. Therefore, the request for Meloxicam 15mg 330 ,as prescribed:is not medically necessary.

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines neck and Upper Back, EMG, AAEM, 1999

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Work Loss Data Institute Bibliographic Source: Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. Guideline.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses EMG electromyography. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that EMG for diagnosis of nerve involvement, if findings of history, physical exam, and imaging study are consistent, is not recommended. Work Loss Data Institute guidelines for the neck and upper back (acute & chronic) state that EMG is not necessary for the diagnosis of intervertebral disk disease with radiculopathy. Primary treating physician's report dated 1/23/14 documented subjective complaints of pain in the neck that radiates in the pattern of bilateral C6 and C7 dermatomes. Regarding the cervical spine, there was tenderness to palpation over the paraspinal muscles. There was restricted range of motion. Cervical compression test was

positive. Diagnoses were cervical spine strain sprain and cervical spine discogenic disease with radiculitis. The 1/23/14 primary treating physician's report was the latest progress report present in the submitted medical records. No neurologic examination of the upper extremities was documented. No imaging studies were documented. The medical records do not provide support for the medical necessity of EMG of the upper extremities. Therefore, the request for EMG of the bilateral upper extremities is not medically necessary.

NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines neck and Upper Back, EMG, AAEM, 1999

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Work Loss Data Institute. Bibliographic Source: Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. Guideline.gov

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses nerve conduction studies (NCS). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Page 178) states that nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) states that nerve conduction studies (NCS) are not recommended. Primary treating physician's report dated 1/23/14 documented subjective complaints of pain in the neck that radiates in the pattern of bilateral C6 and C7 dermatomes. Regarding the cervical spine, there was tenderness to palpation over the paraspinal muscles. There was restricted range of motion. Cervical compression test was positive. Diagnoses were cervical spine strain sprain and cervical spine discogenic disease with radiculitis. The 1/23/14 primary treating physician's report was the latest progress report present in the submitted medical records. No neurologic examination of the upper extremities was documented. No imaging studies were documented. The medical records do not provide support for the medical necessity of nerve conduction studies (NCS). Therefore, the request for NCV of the bilateral upper extremities is not medically necessary.