

<b>Case Number:</b>	CM14-0211558		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: New York  
 Certification(s)/Specialty: Emergency 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 34 year-old male who has reported mental illness and neck, back, and leg pain after a motor vehicle accident on 8/10/08. The diagnoses have included L5 radiculopathy, spondylolysis, cervical sprain, anxiety, depression, and left knee sprain. Treatment to date has included psychiatric treatment, physical therapy, epidural steroid injection, and many medications. The injured worker has never returned to work after the injury. Per an orthopedic AME in 2010, electrodiagnostic testing of the lower extremities in 2010 did not show a radiculopathy. A prior EMG showed a mild left, acute L5 radiculopathy. Per an orthopedic AME in 2013, there was ongoing low back, leg and neck pain which greatly limited all activities. He was using Valium, Norco, promethazine with codeine, gabapentin, and Medrox. Non-specific sensory changes and weakness were present on the left side. The current primary treating physician has been treating this injured worker since 2010. Reports during 2014 reflect ongoing, multifocal pain, high blood pressure, tachycardia, very poor function, and ongoing use of the medications now under review. The "promethazine" under review is listed in the reports as a promethazine with codeine solution used daily. No reports show improvements in function as a result of any medication. Pain causes waking at night. Unspecified medications reportedly cause "stomach upset". The primary treating physician referred to negative "nerve studies" in 2013. The items now under review have been requested on multiple occasions, including 8/20/14, at which time there were no new findings and no neurological deficits. As of the PR2 dated 10/28/14, there was ongoing left leg, neck, and low back pain. He was impaired such that he was unable to shower and dress independently and uses a cane. He is taking Norco, Valium and

Promethazine. There were no neurological deficits and no specific neurological symptoms. The treating physician requested a 10-panel urine drug screen, a liver and kidney function test due to use of chronic "medications", a TENS unit, a cervical traction unit with air bladder, a neck pillow, a hot and cold wrap, an EMG/NCV of the upper and lower extremities due to pain and tingling, Norco 10/325mg #160, Promethazine 6.25mg 10mg/5mg, Valium 10mg #60 for anxiety and muscle relaxation, Prilosec 20mg #60 for stomach upset caused by "medications", and a referral to physiatrist for possible injection. On 11/25/14 Utilization Review non-certified the items requested on 10/28/14, citing the MTUS and the Official Disability Guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **10-panel urine drug test: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction; urine drug screen to assess for the use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine Drug Testing (UDT) in patient-centered clinical situations, criteria for use.

**Decision rationale:** Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS, as noted in prior UR and in this review. The treating physician has not listed any other reasons to do the urine drug screen. The collection procedure was not specified. The MTUS recommends random drug testing, not at office visits. The treating physician has not discussed the presence of any actual random testing. The details of testing have not been provided. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program which is in accordance with the MTUS.

#### **1 liver and kidney function test: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines acetaminophen toxicity; NSAIDS, specific drug list & adverse effects Page(s): 12; 70.

**Decision rationale:** The MTUS provides direction for some kinds of testing as monitoring of medication toxicity. Samples are cited above. The treating physician has prescribed tests due to unspecified use of "medications". Not all medications have the same potential toxicity or need for periodic toxicity monitoring. Monitoring of possible toxicity is medication specific. Given that the treating physician has not discussed the need for specific testing as a result of using a specific medication, the medical necessity is not established. Non-specific tests performed for non-specific reasons are as likely to result in false positives as they are to reveal any actual medication toxicity. The current request for testing is not medically necessary due to the lack of a specific prescription.

**1 TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-117.

**Decision rationale:** No physician reports address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. Given the lack of clear indications in this injured worker (primary reason), and the lack of any clinical trial or treatment plan per the MTUS (secondary reason), a TENS unit is not medically necessary.

**1 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 (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Chronic Pain section, updated, Page 187, Traction.

**Decision rationale:** The ACOEM Guidelines 2nd Edition do not support traction for neck conditions. On Chapter 8, Page 181 cervical traction is "Not Recommended". In the ACOEM Guidelines, Chronic Pain section, updated, Page 187, "traction and other decompressive devices" are stated to be not effective and are not recommended. Cervical traction is therefore not medically necessary.

**1 neck pillow:** 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 (Acute & 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 chapter, Pillow.

**Decision rationale:** The MTUS does not provide direction for the use of a cervical pillow. The Official Disability Guidelines cited above recommend a cervical pillow in combination with a daily exercise program. These guidelines refer to treatment by health professionals who teach both exercise and the appropriate use of a pillow, and go on to state that using a pillow without this specific exercise program is not effective. The pillow as prescribed, as a stand-alone treatment, is not medically necessary.

**1 hot/cold wrap:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic, (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 48; 174; 299-300, 308. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM Guidelines, Updated Chronic Pain Section, Page 166, 168; heat and cold therapies.

**Decision rationale:** The MTUS for Chronic Pain does not provide direction for the use of heat or cold to treat chronic pain. The ACOEM Guidelines pages 299-300 recommend application of heat or cold for low back pain. At-home applications of heat or cold are as effective as those performed by therapists. Page 308 recommends home application of heat or cold. The ACOEM Guidelines page 174 recommends cold packs during the first few days for neck pain, and heat thereafter. There is no recommendation for any specific device in order to accomplish this. Heat and cold can be applied to the skin using simple home materials, e.g. ice and hot water, without any formal medical device or equipment. Per Page 48 of the Guidelines, heat or cold may be used for two weeks or less. This patient's condition is long past the two-week duration. The updated ACOEM Guidelines for Chronic Pain are also cited. There may be some indication for heat therapy, but the recommendation is for home application of non-proprietary, low-tech, heat therapy in the context of functional restoration. There is no evidence of any current functional restoration program. The treating physician has not provided any information in support of the identity of the specific devices prescribed for this patient. The cold-heat device prescribed for this injured worker is not medically necessary based on the MTUS, other guidelines, and lack of a sufficient treatment plan.

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182;168-171.

**Decision rationale:** There are no reports from the prescribing physician which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. Based on the available clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. The treating physician has referred to non-specific symptoms such as numbness and weakness which is hemispheric or regional, which is not indicative of specific nerve pathology. The AMEs have not identified specific neuropathology on examination. Based on the current and past clinical information, electrodiagnostic testing is not medically necessary.

**EMG/NCV of 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 rationale:** There are no reports from the prescribing physician which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. Based on the available clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. The treating physician has referred to non-specific symptoms such as numbness and weakness which is hemispheric or regional, which is not indicative of specific nerve pathology. The AMEs have not identified specific neuropathology on examination. This injured worker has already had multiple episodes of electrodiagnostic testing and there have been no significant clinical changes during the last few years. Based on the current and past clinical information, electrodiagnostic testing is not medically necessary.

**Norco 10/325m #160:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

**Decision rationale:** There is no 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, opioid contract, and there should be a prior failure of non-opioid therapy. 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. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. Function remains very poor. The injured worker has failed the "return-to-work" criterion for opioids in the MTUS. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. 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.

**Promethazine 6.25mg/10mg/5ml:** 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), Pain (Chronic), Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, promethazine effects.

**Decision rationale:** As discussed above for "Norco", opioids are not medically necessary for this injured worker. The codeine component of this medication is therefore not medically necessary. The treating physician has not stated why this particular combination of medications is prescribed. Promethazine has the potential for significant toxicity (extrapyramidal and other neurological effects). In addition to the lack of medical necessity as an opioid, this combination medication is not indicated for long term use due to the risk of toxicity.

**Valium 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Muscle Relaxants; Benzodiazepines Page(s): 24; 66.

**Decision rationale:** The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. The MTUS does not recommend benzodiazepines for long term use for any condition. The MTUS does not recommend benzodiazepines as muscle relaxants. Per the MTUS Valium is not indicated as chronic treatment for anxiety or spasm. Valium is not prescribed according the MTUS and is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease (GERD). Ann Arbor

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. The treating physician has referred only to unspecified "stomach upset" due to "medications", which is neither diagnostic nor specific. Co-therapy with an NSAID is not indicated in patients other than those at high risk. This injured worker is not taking NSAIDs or other medications likely to adversely affect the acid milieu of the upper gastrointestinal tract. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.