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| <b>Case Number:</b>   | CM14-0212245 |                              |            |
| <b>Date Assigned:</b> | 01/22/2015   | <b>Date of Injury:</b>       | 06/18/2014 |
| <b>Decision Date:</b> | 02/28/2015   | <b>UR Denial Date:</b>       | 11/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/18/2014 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 a 41 year old female with an injury date of 06/18/14. As per progress report dated 11/13/14, the patient complains of back pain rated at 7/10, left wrist pain rated at 5/10, left hip pain rated at 8/10, right knee pain of 8/10, left ankle pain of 7/10, and left shoulder pain of 8.5/10. The back pain is aggravated by sitting, walking, and standing. There is numbness and tingling in the left wrist up to the elbow. There is swelling in right knee and left ankle. The patient uses a cane and walks with an antalgic gait. Physical examination, as per progress report dated 12/17/14 (after the UR date), reveals thoracolumbar spine flexion at 30/90 with spasm at end point. Extension is 10/15 degrees with spasm at the endpoint, and right and left lateral flexion at 10/25 degrees. The patient is unable to heel and toe walk due to right knee and left ankle issues. Neer's test, 90 degree cross over impingement test, Apley's test, and Hawkin's test are positive in the left shoulder along with weak abduction against resistance. Durkan's, Tinel's and Phalen's test are positive in the left wrist. The range of motion in the left hip is 50% of normal and painful. The left ankle plantarflexion is 20/40 degrees, dorsiflexion is 5/10 degrees, inversion is 10/20 degrees, and eversion is 10/30 degrees. The patient has been allowed to return to modified work, as per progress report dated 11/13/14. Diagnoses, 11/13/14: Thoracic spine sprain/strain, Left shoulder impingement, Left acromioclavicular cartilage disorder, Left subacromial/subdeltoid bustitis, Left hip pain- Left ankle sprain/strain, Left carpal tunnel syndrome, Left upper extremity paraesthesia, Right knee internal derangement. The treater is requesting for (a) UA (urinalysis) toxicology screen (b) lab: CBC (complete blood count), CRP (c-reactive protein), CPK (creatinine photokinase), CHEM 8, hepatic and arthritis panel (c)

EMG (electromyography) and NCV (nerve conduction velocity) of the bilateral upper extremities (d) x-ray of the left hip, left shoulder, left wrist and right knee (e) MRI of the left hip, left shoulder, left wrist and right knee (f) tramadol 50 mg one two times per day as needed # 60, 2 refills (prescribed 11.03.14) (g) soma 350 mg one two times per day as needed # 60, 2 refills (prescribed 11.03.14). The utilization review determination being challenged is dated 11/21/14. Treatment reports were provided from 11/13/14 - 12/17/14.

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

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

**UA (Urinalysis) toxicology screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, urine drug testing

**Decision rationale:** This patient presents with back pain rated at 7/10, left wrist pain rated at 5/10, left hip pain rated at 8/10, right knee pain of 8/10, left ankle pain of 7/10, and left shoulder pain of 8.5/10, as per progress report dated 11/13/14. The request is for UA (urinalysis) toxicology screen. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, only one progress report prior to UR date is provided for review. It is handwritten and not very legible. Although the report does not appear to talk about Tramadol, the UR letter states that a prescription for Tramadol, an opioid, given on 11/13/14. Given the patient's date of injury, it can be assumed that this is the first prescription for the medication. ODG guidelines recommend UA screening within first six months of initiation of opioid therapy. Hence, this request is medically necessary.

**Lab: CBC (Complete Blood Count), CRP (C-reactive protein), CPK (Creatine phosphokinase), Chem 8, Hepatic and Arthritis Panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: U.S. National Library of Medicine

<http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>

<http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>

<http://www.nlm.nih.gov/medlineplus/ency/article/003462.htm>

<http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm>

<http://labtestsonline.org/understanding/analytes/liver-panel/tab/test>

<http://labtestsonline.org/understanding/conditions/rheumatoid>

**Decision rationale:** This patient presents with back pain rated at 7/10, left wrist pain rated at 5/10, left hip pain rated at 8/10, right knee pain of 8/10, left ankle pain of 7/10, and left shoulder pain of 8.5/10, as per progress report dated 11/13/14. The request is for LAB: CBC (complete blood count), CRP (c-reactive protein), CPK (creatinine phosphokinase), CHEM 8, hepatic and arthritis panel. The MTUS, ODG and ACOEM guidelines are silent on these diagnostic tests. However, MedlinePlus, a service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm>, states a complete blood count (CBC) test measures the following: The number of red blood cells (RBC count), The number of white blood cells (WBC count), The total amount of hemoglobin in the blood, and The fraction of the blood composed of red blood cells (hematocrit). It also says that it may be used to: Diagnose infections or allergies; Detect blood clotting problems or blood disorders, including anemia; and Evaluate red blood cell production or destruction. MedlinePlus, a service of the U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>, states that C-reactive protein is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It also says, the CRP test is a general test to check for inflammation in the body. It is not a specific test. That means it can reveal that you have inflammation somewhere in your body, but it cannot pinpoint the exact location. It can be used to check for inflammatory diseases such as rheumatoid arthritis, lupus or vasculitis, or to determine the impact of an anti-inflammatory medication. However, a low CRP level does not always mean that there is no inflammation present. Levels of CRP may not be increased in people with rheumatoid arthritis and lupus. The reason for this is unknown. With regards to CPK, MedlinePlus states at <http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm> that Creatine phosphokinase (CPK) is an enzyme found mainly in the heart, brain, and skeletal muscle. This article discusses the test to measure the amount of CPK in the blood. The test is used for diagnosing injury or stress to muscle tissue, the heart, or the brain. The Chem 8 is also known as Basic metabolic Panel. MedlinePlus says at; <http://www.nlm.nih.gov/medlineplus/ency/article/003462.htm>. The basic metabolic panel is a group of blood tests that provides information about your body's metabolism. The test is done to evaluate kidney function, blood sugar levels, and blood acid / base balance. Regarding Hepatic Panel, Lab Tests Online at <http://labtestsonline.org/understanding/analytes/liver-panel/tab/test> states that liver panel may be used to screen for liver damage, especially if someone has a condition or is taking a drug that may affect the liver. Arthritis panel, as per Lab Tests Online at <http://labtestsonline.org/understanding/conditions/rheumatoid/start/1/>, includes Rheumatoid factor (RF), cyclic citrullinated peptide (CCP) antibody, Antinuclear antibody (ANA), Erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), Complete blood count (CBC), and Comprehensive metabolic panel (CMP). In this case, only one progress report prior to

UR date is provided for review. It is handwritten and not very legible. There is another progress report dated 12/17/14 which is after the UR date. None of the reports discuss the lab tests. While the patient may need an arthritis panel to diagnose the cause for her joint pain, the treater does not explain the purpose of other tests such as the Hepatic panel, CBC, CPK and chem 8. There are no apparent symptoms which warrant such extensive lab testing. This request is not medically necessary.

**EMG (Electromyography)/ NCV (Nerve conduction velocity) of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines- Electrodiagnostic Testing (EMG/NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 262; 303.

**Decision rationale:** This patient presents with back pain rated at 7/10, left wrist pain rated at 5/10, left hip pain rated at 8/10, right knee pain of 8/10, left ankle pain of 7/10, and left shoulder pain of 8.5/10, as per progress report dated 11/13/14. The request is for EMG (electromyography) and NCV (nerve conduction velocity) of the bilateral upper extremities. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter do not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. In this case, only one progress report prior to UR date is provided for review. It is handwritten and not very legible. The treater requests for an EMG/NCV in this report but does not specify the reason. The patient complains of back, left shoulder and left wrist pain. Neer's test, 90 degree cross over impingement test, Apley's test, and Hawkin's test are positive in the left shoulder along with weak abduction against resistance. Durkan's, Tinel's and Phalen's test are positive in the left wrist. The range of motion is limited and painful. Review of the progress reports does not reveal prior EMG/NCV. Given the patient's clinical findings, an EMG/NCV test appears reasonable. The request is medically necessary.

**X-ray of the left hip, left shoulder, left wrist and right knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand Chapter- Radiography, Shoulder- Radiography, Knee- X-ray, Hip Chapter- X-ray

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Forearm, Wrist, & Hand (Acute & Chronic)' and topic 'Radiography' Chapter 'Hip & Pelvis (Acute & Chronic)' and topic 'Radiography' Chapter 'Shoulder (Acute & Chronic)' and topic 'Radiography' Chapter 'Knee & Leg (Acute & Chronic)' and topic 'Radiography'

**Decision rationale:** ODG guidelines, chapter 'Forearm, Wrist, & Hand (Acute & Chronic)' and topic 'Radiography', states the following Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified. ODG guidelines, chapter 'Hip & Pelvis (Acute & Chronic)' and topic 'Radiography', states the following: Recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. ODG guidelines, chapter 'Shoulder (Acute & Chronic)' and topic 'Radiography', has the following to say Plain radiographs should be routinely ordered for patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary views. Radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and topic 'Radiography (x-rays)', recommend x-rays for acute trauma and nontraumatic cases as well. In this case, only one progress report prior to UR date is provided for review. It is handwritten and not very legible. The report shows that the patient has significant, chronic pain in left hip, left shoulder, left wrist and right knee. Clinical presentation and physical examination indicate the need for additional testing. The progress reports do not document prior X-rays. ODG guidelines support x-rays in patients with chronic pain in left hip, left shoulder, left wrist and right knee. This request is medically necessary.

**MRI of the left shoulder, left wrist, left hip and right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 207/ 341, 343. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter; Magnetic Resonance Imaging (MRI), Official Disability Guidelines: Hip & Pelvis Chapter; MRI Official Disability Guidelines: Knee Official Disability Guidelines: Forearm, Wrist & Hand Chapter; MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Forearm, Wrist, & Hand (Acute & Chronic)' and topic 'MRI's (magnetic resonance imaging)' Chapter 'Hip & Pelvis (Acute & Chronic)' and topic 'MRI's (magnetic resonance imaging)' Chapter 'Shoulder (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)' Chapter 'Knee & Leg (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)'

**Decision rationale:** This patient presents with back pain rated at 7/10, left wrist pain rated at 5/10, left hip pain rated at 8/10, right knee pain of 8/10, left ankle pain of 7/10, and left shoulder pain of 8.5/10, as per progress report dated 11/13/14. The request is for MRI of the left hip, left shoulder, left wrist and right knee. ODG guidelines, chapter 'Forearm, Wrist, & Hand (Acute & Chronic)' and topic 'MRIs (magnetic resonance imaging)', states the following Magnetic

resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. ODG guidelines, chapter 'Hip & Pelvis (Acute & Chronic)' and topic 'MRIs (magnetic resonance imaging)', states the following: MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. ODG guidelines, chapter 'Shoulder (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI) ', has the following to say Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. ODG guidelines, chapter 'Knee & Leg (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI) ', recommend MRIs for acute trauma and nontraumatic cases as well. In this case, only one progress report prior to UR date is provided for review. It is handwritten and not very legible. The report shows that the patient has significant, chronic pain in left hip, left shoulder, left wrist and right knee. Clinical findings and physical examination indicate the need for additional testing. The progress reports do not document prior MRIs. However, there is lack of discussion regarding failure of conservative care, suspicion for various disorders of the wrist, shoulder, hip such as ligament injuries, rotator cuff, or labral tears via examination and discussion to allow for MRI's. The requests are no medically necessary.

**Tramadol 50mg one two times per day as needed, #60, 2 refills (prescribed 11-13-14):**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 76-78.

**Decision rationale:** This patient presents with back pain rated at 7/10, left wrist pain rated at 5/10, left hip pain rated at 8/10, right knee pain of 8/10, left ankle pain of 7/10, and left shoulder pain of 8.5/10, as per progress report dated 11/13/14. The request is for Tramadol 50 mg one two times per day as needed # 60, 2 refills (prescribed 11.03.14). MTUS Guidelines pages 88 and 89 states, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, only one progress report prior to UR date is provided for review. It is handwritten and not very legible. There is another progress report dated 12/17/14 which is after the UR date. While the progress report dated 11/13/14 does not discuss Tramadol, the UR letter states that the opioid was requested on this day. This appears to be the first request for the medication and given the patient's chronic pain, a trial appears reasonable. The request is medically necessary.

**Soma 350mg, one two times per day as needed, #60, 2 refills (Prescribed 11-13-14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with back pain rated at 7/10, left wrist pain rated at 5/10, left hip pain rated at 8/10, right knee pain of 8/10, left ankle pain of 7/10, and left shoulder pain of 8.5/10, as per progress report dated 11/13/14. The request is for Soma 350 mg one two times per day as needed # 60, 2 refills (prescribed 11.03.14).MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." In this case, only one progress report prior to UR date is provided for review. It is handwritten and not very legible. There is another progress report dated 12/17/14 which is after the UR date. While the progress report dated 11/13/14 does not discuss Soma, the UR letter states that the medication was requested on this day. In progress report dated 12/17/14, the treater states that Soma is for muscle spasms that the patient demonstrated again and again in this exam room. This appears to be the first request for Soma but the treater does not state that it is to be used for short-term. The request is for 2 refills as well suggesting that it is intended to be used for several months. The request is not medically necessary.