

<b>Case Number:</b>	CM15-0000701		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: 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 injured worker is a 44 year old female, who sustained an industrial injury on 06/10/2008. She has reported pain in the left lower arm resulting from a MVA in which she fractured her left arm. The diagnosis was fracture of the ulna. Treatment to date has included treatment of the fracture and it healed. Accepted body part was the lower arm. Prior to the date of the current request, the IW had been receiving oral medications, Terocin Patches and topical lotions for pain. She had seen a Physiatrist in consultation. The IW had no history of prior surgeries. She is being seen by a pain specialist. Currently, the IW complains of chronic pain in the neck, low back, and left wrist. She has issues with sleep, depression and stress. She complains that her left hand goes numb. A MRI of the neck shows Arnold-Chari malformation and C5-C6 disease, MRI of the lumbar spine shows facet inflammation. She takes Norco, Protonix, Tramadol extended relief and Norflex. She is currently on modified duty. Chores around the house are done gingerly. Diagnoses include :1. Discogenic cervical condition with facet inflammation and disc herniation at C5-C6 with also variant Chiari malformation and headaches 2. Discogenic lumbar condition with facet inflammation without radiculopathy 3. Wrist joint inflammation on the left with a previous history of a distal ulnar shaft fracture non-displaced. The IW has ulnar impaction syndrome and numbness and tingling4. Chronic pain syndrome. On 12/08/2014 Utilization Review non-certified a right upper extremity nerve study QTY: 1.00, noting the Official Disability Guide-Treatment in Worker's Compensation (ODG- TWC) was cited. On 12/08/2014 Utilization Review non-certified a Left upper extremity nerve study QTY: 1.00, noting the Official Disability Guide-Treatment in Worker's Compensation

(ODG-TWC) was cited. On 12/08/2014 Utilization Review non-certified a neck pillow QTY: 1.00, noting the Official Disability Guide-Treatment in Worker's Compensation (ODG-TWC) was cited. On 12/08/2014 Utilization Review non-certified Nalfon 400mg QTY: 60.00 California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain was cited. On 12/08/2014 Utilization Review modified the Tramadol ER 150mg QTY: 30.00 to Tramadol ER 150mg QTY 24 . California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain was cited. On 12/08/2014 Utilization Review modified the Norco 10/325mg QTY: 60.00 to Norco 10/325 QTY 54. California Medical Treatment Utilization Schedule (CA MTUS) Chronic Pain was cited. On , 01/02/2015 the injured worker submitted an application for IMR for review of the non-certification for a right upper extremity nerve study, a Left upper extremity nerve study, a neck pillow , Nalfon 400mg QTY: 60.00 ,and Tramadol ER 150mg QTY: 30.00.

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

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

**Right upper extremity nerve study QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** According to the 12/03/14 orthopedic report, the patient presents with neck, low back and left wrist pain. Her diagnoses are: discogenic cervical condition with facet inflammation and disc herniation at C5/6 with Chiari malformation and headaches; discogenic lumbar condition with facet inflammation and radiculopathy; wrist joint inflammation with history of distal ulnar shaft fracture, ulnar impaction syndrome and numbness and tingling for which EMGs have not been responded upon; chronic pain syndrome. There is no current rationale provided for nerve studies on the right upper extremity. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, 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. The available medical reports did not show evidence of right upper extremity peripheral neuropathy or right- sided radiculopathy. The request for Right upper extremity nerve study IS NOT medically necessary.

**Left upper extremity nerve study QTY: 1.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** According to the 12/03/14 orthopedic report, the patient presents with neck, low back and left wrist pain. Her diagnoses are: discogenic cervical condition with facet inflammation and disc herniation at C5/6 with Chiari malformation and headaches; discogenic lumbar condition with facet inflammation and radiculopathy; wrist joint inflammation with history of distal ulnar shaft fracture, ulnar impaction syndrome and numbness and tingling for which EMGs have not been responded upon; chronic pain syndrome. There is no current rationale provided for nerve studies on the right upper extremity. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, Forearm, Wrist, and Hand Complaints, 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. The available medical reports document numbness and tingling in left upper extremity. The request for left upper extremity nerve studies is in accordance with the MTUS/ACOEM guidelines. The request for left upper extremity nerve study IS medically necessary.

**Neck pillow QTY: 1.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back section for Pillow

**Decision rationale:** According to the 12/03/14 orthopedic report, the patient presents with neck, low back and left wrist pain. Her diagnoses are: discogenic cervical condition with facet inflammation and disc herniation at C5/6 with Chiari malformation and headaches; discogenic lumbar condition with facet inflammation and radiculopathy; wrist joint inflammation with history of distal ulnar shaft fracture, ulnar impaction syndrome and numbness and tingling for which EMGs have not been responded upon; chronic pain syndrome. MTUS/ACOEM did not specifically discuss a neck pillow. ODG guidelines were consulted. ODG-TWC guidelines, Neck and Upper Back section for Pillow states: Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. (Helewa, 2007)The ODG guidelines recommend a neck support pill in conjunction with daily exercise. The orthopedic reports did not discuss an exercise program. However, the 12/23/14 pain management report states the patient does weight lifting and cardio exercises 5 days a week. The use of the neck support pillow appears to be in accordance with ODG guidelines. The request for a Neck Pillow IS medically necessary.

**Naflon 400mg QTY: 60.00:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** According to the 12/03/14 orthopedic report, the patient presents with neck, low back and left wrist pain. Her diagnoses are: discogenic cervical condition with facet inflammation and disc herniation at C5/6 with Chiari malformation and headaches; discogenic lumbar condition with facet inflammation and radiculopathy; wrist joint inflammation with history of distal ulnar shaft fracture, ulnar impaction syndrome and numbness and tingling for which EMGs have not been responded upon; chronic pain syndrome. The physician states he changed Naprosyn to Nalfon because it has no sodium and therefore no water retention. Nalfon is fenoprofen, a nonselective NSAID. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. The switching from Naprosyn to Nalfon appears to be in accordance with MTUS guidelines. The request for Nalfon 400mg, QTY 60, IS medically necessary.

**Tramadol ER 150mg QTY: 30.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Opioids for neuropathic pain Page(s): 113, 82.

**Decision rationale:** According to the 12/03/14 orthopedic report, the patient presents with neck, low back and left wrist pain. Her diagnoses are: discogenic cervical condition with facet inflammation and disc herniation at C5/6 with Chiari malformation and headaches; discogenic lumbar condition with facet inflammation and radiculopathy; wrist joint inflammation with history of distal ulnar shaft fracture, ulnar impaction syndrome and numbness and tingling for which EMGs have not been responded upon; chronic pain syndrome. There was no discussion on efficacy for the Tramadol ER 150mg. The 8/6/14 report states the patient was taking Norco and Tramadol before seeing the current orthopedist. There was no discussion of efficacy, or discussion of first-line therapy. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Chronic Pain Medical Treatment Guidelines, pg 82 under Opioids for neuropathic pain states not recommended as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a

second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [ & ] (3) treatment of neuropathic cancer pain. (Dworkin, 2007) Response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies showing contradictory results and intermediate studies (8-70 days) demonstrating efficacy. (Eisenberg-Cochrane, 2006) (Eisenberg-JAMA, 2005) The results of short-term trials were mixed with respect to analgesia (less than 24 hours of treatment). Intermediate trials (average treatment duration of 28 days) showed statistical significance for reducing neuropathic pain by 20% to 30% (and 30% may be the threshold for describing a meaningful reduction of pain). The use of tramadol is not recommended as a first line therapy. The patient is suspected of having neuropathic pain for which the nerve studies were requested. The MTUS guidelines for opioids for neuropathic pain states Tramadol can be used as first-line pain relief while titrating a first line drug; treatment of exacerbations of severe pain; neuropathic cancer pain. The patient does not appear to meet the MTUS criteria for use of Tramadol for first-line therapy. The request for Tramadol ER 150mg, QTY:30, IS NOT medically necessary.

**Norco 10/325mg QTY: 60.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 12/03/14 orthopedic report, the patient presents with neck, low back and left wrist pain. Her diagnoses are: discogenic cervical condition with facet inflammation and disc herniation at C5/6 with Chiari malformation and headaches; discogenic lumbar condition with facet inflammation and radiculopathy; wrist joint inflammation with history of distal ulnar shaft fracture, ulnar impaction syndrome and numbness and tingling for which EMGs have not been responded upon; chronic pain syndrome. The records show the patient has used Norco since 2/26/14. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more] provides the criteria Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The available medical reports did not document pain or functional improvement compared to a baseline using a numerical scale or validated instrument. There was no reporting to suggest a satisfactory response with decreased pain or improved function or quality of life. The MTUS criteria for continued use of opioids for long-term has not been met. Based on the available reports, the request for Norco 10/325 mg QTY:60, IS NOT medically necessary.

