

Case Number:	CM15-0112018		
Date Assigned:	06/18/2015	Date of Injury:	08/23/2007
Decision Date:	07/17/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/10/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 33-year-old male with an industrial injury dated 08/23/2007. The injured worker's diagnoses include degenerative disc disease with facet arthropathy and annular fissure at L3-L4 and L4-L5, herniated nucleus pulposus at L3-L4 and L4-L5 with stenosis, lumbar radiculopathy, degenerative disc disease and facet arthropathy of the cervical spine and herniated nucleus pulposus at C3-C4, C4-C5, and C5-C6 with stenosis. Treatment consisted of Magnetic Resonance Imaging (MRI) of the cervical spine/lumbar spine, prescribed medications, and periodic follow up visits. In a progress note dated 05/11/2015, the injured worker reported neck and low back pain. Objective findings revealed mild tenderness to palpitation to the right cervical paraspinals, moderately decreased range of motion of the cervical and lumbar spine, and positive straight leg raises on the right. The treating physician prescribed services for Electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities, Tramadol APAP 37.5/325mg #30 and Cyclobenzaprine 5% now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs (electromyography), Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are degenerative disc disease with facet arthropathy and annular fissure at L3 - L4 and L4 - L5; HNP at L3 - L4 and L4 - L5 with stenosis; lumbar radiculopathy; degenerative disc disease and facet arthropathy cervical spine; and HNP at C3 - C4, C4 - C5, and C5 - C6 with stenosis. The documentation shows the injured worker had an EMG/NCV of the bilateral lower extremities May 14, 2014. There is no clinical rationale for repeating the electrodiagnostic studies of the lower extremities. There was no hard copy of the EMG/NCV of the lower extremity in the medical record. The most recent progress note dated May 11, 2015 shows the injured worker has neck pain 6/10 that radiates to the upper extremities. The injured worker has low back pain that radiates to the bilateral lower extremities 7/10. Objectively, the neurologic examination is notable for decreased sensation right lower extremity L4 - L5, L5 - S1 with normal motor function. Consequently, absent compelling clinical documentation with a clinical rationale for repeating electrodiagnostic studies that were performed May 14, 2014 and no electrodiagnostic report for the EMG/NCV in the record, bilateral lower extremity EMG/NCV studies are not medically necessary.

Tramadol APAP 37.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultracet (tramadol/acetaminophen), When to Continue Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol/APAP 37.5/325mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose

should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are degenerative disc disease with facet arthropathy and annular fissure at L3 - L4 and L4 - L5; HNP at L3 - L4 and L4 - L5 with stenosis; lumbar radiculopathy; degenerative disc disease and facet arthropathy cervical spine; and HNP at C3 - C4, C4 - C5, and C5 - C6 with stenosis. The most recent progress note dated May 11, 2015 shows the injured worker has neck pain 6/10 that radiates to the upper extremities. The injured worker has low back pain that radiates to the bilateral lower extremities 7/10. Objectively, the neurologic examination is notable for decreased sensation right lower extremity L4 - L5, L5 - S1 with normal motor function. On May 11, 2015, the treating provider initiated a trial with tramadol/APAP 37.5/325 mg #30. There is no documentation demonstrating objective functional improvement to support ongoing tramadol 50 mg. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There was no attempt at weaning tramadol in the medical record. As a result, there is no clinical indication or rationale for attempting a trial with Tramadol/APAP 37.5/325 mg #30. Consequently, absent clinical documentation with objective functional improvement to support ongoing tramadol and, as a result, tramadol/APAP, risk assessments and detailed pain assessments and attempted opiate weaning, Tramadol/APAP 37.5/325mg #30 is not medically necessary.

Cyclobenzaprine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Other muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 5% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Topical cyclobenzaprine is not recommended. In this case, the injured worker's working diagnoses are degenerative disc disease with facet arthropathy and annular fissure at L3 - L4 and L4 - L5; HNP at L3 - L4 and L4 - L5 with stenosis; lumbar radiculopathy; degenerative disc disease and facet arthropathy cervical spine; and HNP at C3 - C4, C4 - C5, and C5 - C6 with stenosis. The most recent progress note dated May 11, 2015 shows the injured worker has neck pain 6/10 that radiates to the upper extremities. The injured worker has low back pain that radiates to the bilateral lower extremities 7/10. Objectively, the neurologic examination is notable for decreased sensation right lower extremity L4 - L5, L5 - S1 with normal motor function. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical cyclobenzaprine) that is not recommended is not recommended. There is no documentation of first-line treatment failure

with antidepressants and anticonvulsants. Consequently, cyclobenzaprine 5% is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, cyclobenzaprine 5% is not medically necessary.