

Case Number:	CM15-0115816		
Date Assigned:	06/24/2015	Date of Injury:	05/06/2006
Decision Date:	10/07/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/16/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old male, who sustained an industrial injury on May 6, 2006. He reported sharp pain in the neck and low back. Treatment to date has included medications, chiropractic therapy, physical therapy, epidural steroid injection to the lumbar spine, MRI of the right shoulder, and right shoulder surgery. An evaluation dated December 24, 2014 revealed the injured worker complained of constant pain in the mid back and neck. He reports that his pain increases with cold weather and he has difficulty sleeping. On physical examination the injured worker has tenderness to palpation over the cervical, thoracic and lumbar paraspinal muscles bilaterally. The diagnosis associated with the request is pain in shoulder joint. A request was received for EMG and NCV of the bilateral lower extremities, Neurontin, Norflex, and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: According to MTUS guidelines, Gabapentin is a first-line treatment for neuropathic pain, and should only be continued when there is a clear documented improvement in pain. It is not recommended for other types of chronic pain. A trial period is recommended, and if inadequate control of pain is found, MTUS recommends switching to another first-line drug. Combination therapy is only recommended if there is no change with first-line therapy and evidence shows significant improvement on the medications. ODG also recommends primary treatment for neuropathy, and that if inadequate control is found to switch to another first-line drug. The patient appears to have been on this medication for an extended period of time. The medical documentation does not provide objective measures of improvement in pain symptoms while on this medication, or objective evidence of a neuropathic basis for the chronic pain. There is no primary diagnosis of neuropathic pain. The treating physician frequently mentions the continued pain and despite the current therapies. There is also limited recent documentation regarding this request, as the most recent treatment note is dated December 2014 in which the current requests are not detailed. There is also no quantity of medication listed in the request. Therefore, the request for Neurontin 600 mg (unknown quantity), is not medically necessary.

Norflex 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Norflex is the brand name for orphenadrine, a muscle relaxant class medication. According to MTUS guidelines, muscle relaxants are recommended for chronic pain for a short course of therapy for acute exacerbations. Muscle relaxants may be effective in reducing pain and muscle tension, but in most back pain cases they show no benefit beyond NSAIDs. Evidence indicates the greatest effect is seen in the first 4 days of treatment. MTUS also states that pain relief is generally temporary, and continued evaluation should include documentation improvement in function and increased activity. ODG also states that a short course of therapy is recommended, and that this medication should not be used with other agents. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the short-term recommendation for treatment length. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific improvement while on this medication. The documentation indicates that the patient continues to have pain and decreased functional status with little improvement. There is also limited recent documentation regarding this request, as the most recent treatment note is dated December 2014 in which the current requests are not detailed. The patient is on other chronic pain medication,

which is not recommended. Therefore the request for Norflex 100 mg #60, is not medically necessary.

Topamax 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: According to MTUS guidelines, Topiramate is a first-line treatment for neuropathic pain, and should only be continued when there is a clear documented improvement in pain. It is not recommended for other types of chronic pain. A trial period is recommended, and if inadequate control of pain is found, MTUS recommends switching to another first-line drug. Combination therapy is only recommended if there is no change with first-line therapy and evidence shows significant improvement on the medications. ODG also recommends primary treatment for neuropathy, and that if inadequate control is found to switch to another first-line drug. The patient appears to have been on this medication for an extended period of time. The medical documentation does not provide objective measures of improvement in pain symptoms while on this medication, or objective evidence of a neuropathic basis for the chronic pain. There is no primary diagnosis of neuropathic pain. The treating physician frequently mentions the continued pain and despite the current therapies. There is also limited recent documentation regarding this request, as the most recent treatment note is dated December 2014 in which the current requests are not detailed. There is also another request for a similar drug Neurontin, and it is unclear why two drug therapy is needed. Therefore, the request for Topiramate 50 mg #60 is not medically necessary.

Electromyogram (EMG) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: According to MTUS guidelines, ACOEM states that electromyography (EMG), may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. ODG states that neuro conduction studies (NCS) are not recommended, but EMG is recommended as an option to obtain unequivocal evidence of radiculopathy when radiculopathy is not already clinically obvious. ODG recommends timing of EMG after one month of conservative therapy. ODG also places the EMG recommendation under the with radiculopathy treatment algorithm. The medical documentation does not indicate any red flag symptoms requiring immediate referral, and the physical examination does not contain clear evidence of radiculopathy. Although it appears that

significant time has passed since the injury, a period of failed conservative care is not clearly detailed. Although EMG can be utilized to identify radicular findings, there should be some indication that radicular symptoms are suspected, and the documentation does not contain this. There is limited recent documentation regarding this request, as the most recent treatment note is dated December 2014 in which the current requests are not detailed, and there is no justification from the treating physician in the available documentation. Therefore, the request for EMG (left lower extremity), is not medically necessary at this time.

Nerve conduction velocity (NCV) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: MTUS guidelines do detail recommendations for EMG, but not specifically for nerve conduction studies in the lower extremities. ODG states that neuro conduction studies (NCS) are not recommended related to low back pain in the lower extremity. The medical documentation does not indicate any red flag symptoms requiring immediate referral, and the physical examination does not contain clear evidence of radiculopathy. Guidelines generally stated that lower extremity NCS are not recommended. There is limited recent documentation regarding this request, as the most recent treatment note is dated December 2014 in which the current requests are not detailed, and there is no justification from the treating physician in the available documentation. Therefore, the request for NCV (left lower extremity), is not medically necessary at this time.

Electromyogram (EMG) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: According to MTUS guidelines, ACOEM states that electromyography (EMG), may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. ODG states that neuro conduction studies (NCS) are not recommended, but EMG is recommended as an option to obtain unequivocal evidence of radiculopathy when radiculopathy is not already clinically obvious. DG recommends timing of EMG after one month of conservative therapy. ODG also places the EMG recommendation under the with radiculopathy treatment algorithm. The medical documentation does not indicate any red flag symptoms requiring immediate referral, and the physical examination does not contain clear evidence of radiculopathy. Although it appears that significant time has passed since the injury, a period of failed conservative care is not clearly detailed. Although EMG can be utilized to identify radicular findings, there should be some indication that radicular symptoms are suspected, and the documentation does not contain this.

There is limited recent documentation regarding this request, as the most recent treatment note is dated December 2014 in which the current requests are not detailed, and there is no justification from the treating physician in the available documentation. Therefore, the request for EMG (right lower extremity), is not medically necessary at this time.

Nerve conduction velocity (NCV) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: MTUS guidelines do detail recommendations for EMG, but not specifically for nerve conduction studies in the lower extremities. ODG states that neuro conduction studies (NCS) are not recommended related to low back pain in the lower extremity. The medical documentation does not indicate any red flag symptoms requiring immediate referral, and the physical examination does not contain clear evidence of radiculopathy. Guidelines generally stated that lower extremity NCS are not recommended. There is limited recent documentation regarding this request, as the most recent treatment note is dated December 2014 in which the current requests are not detailed, and there is no justification from the treating physician in the available documentation. Therefore, the request for NCV (right lower extremity), is not medically necessary at this time.