

Case Number:	CM15-0115904		
Date Assigned:	06/24/2015	Date of Injury:	12/03/2005
Decision Date:	10/02/2015	UR Denial Date:	06/01/2015
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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 46-year-old female who sustained an industrial injury on 12/3/05. The mechanism of injury is unclear. She currently complains of severe back, right leg, right knee and neck pain. She reports that her back pain has decreased by 50% and her neck pain is improved. She complains of right shoulder and right ankle pain. She is not falling as frequently. On physical exam, her right leg was better; right shoulder range of motion was decreased; numbness of right leg across S1. Diagnoses include cervical discogenic disease, status post cervical fusion; chronic cervical sprain/ strain; lumbar discogenic disease, status post lumbar fusion; symptomatic hardware lumbar spine, right L4; right knee internal derangement; right shoulder impingement syndrome with bursitis; intractable low back pain; right ankle medial tenderness. On 6/1/15 Utilization Review evaluated requests for Lorcet 10 mg # 180; Prilosec 20 mg, # 60; Baclofen 10 mg, # 60; electromyogram/ nerve conduction study of the bilateral lower extremities; electromyogram/ nerve conduction study of the bilateral upper extremities; MRI of lumbar spine with gadolinium; Toradol 60 mg intramuscularly #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorcet 10mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation of analgesia is unclear. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines; Lortab, as written above, is not medically necessary at this time.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prilosec. According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. The use of Prilosec, as stated in the above request, is not medically necessary at this time.

Baclofen 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short-term therapy. According to the clinical documentation provided and current MTUS guidelines, Baclofen is not medically necessary to the patient at this time.

Electromyogram (EMG)/Nerve conduction study (NCS) of the bilateral lower extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 303-305.

Decision rationale: The current request is for EMG of the bilateral lower extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. The clinical documents state that the patient does not have an objective exam of weakness noted. Strength was measured at 5/5. Deep tendon reflexes were not reported, with normal sensation. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. The EMG is not medically necessary at this time.

Electromyogram (EMG)/Nerve conduction study (NCS) of the bilateral upper extremity:
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 Chronic Pain Treatment Guidelines page(s) 177-188.

Decision rationale: The current request is for EMG of the bilateral upper extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. The clinical documents state that the patient does not have an objective exam of weakness noted. Strength was measured at 5/5. Deep tendon reflexes were not reported, with normal sensation. The clinical documents are lacking evidence of "red flag symptoms" or worsening symptoms. The EMG is not medically necessary at this time.

Magnetic resonance imaging (MRI) of the lumbar spine with gadolinium: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12, Low Back Pain, Page 305.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI of the back. MTUS guidelines state the following: Despite the lack of strong medical evidence supporting it, discography, including MRI, is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration. Failure of conservative treatment. Satisfactory results from detailed psychosocial assessment. (Discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) Is a candidate for surgery. Has been briefed on potential risks and benefits from discography and

surgery. The patient has had a previous MRI. There is no clinical evidence in the documentation provided that the objective findings are changing or worsening. According to the clinical documentation provided and current MTUS guidelines; MRI, as written above, is not medically necessary at this time.

Toradol 60mg IM (intramuscular), #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 72.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Toradol. MTUS guidelines state the following: This medication is not indicated for minor or chronic painful conditions. According to the clinical documentation provided and current MTUS guidelines, Toradol is not medically necessary at this time.