

Case Number:	CM15-0125391		
Date Assigned:	07/09/2015	Date of Injury:	11/10/2010
Decision Date:	09/22/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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 54 year old male who sustained an industrial injury on 11/10/10. Diagnoses are fracture proximal tibia-left, status post left proximal tibia open reduction internal fixation-11/24/10; hardware removed-6/2012, status post left knee manipulation under anesthesia, arthroscopy, menisectomy-6/5/12, herniated lumbar disc L5/S1 6mm, L4/5 4 mm with radiculitis/radiculopathy, status post epidural steroid injection-no relief, left shoulder sprain/strain secondary to crutch/cane usage, rule out tendinitis carpal tunnel syndrome, degenerative joint disease-internal derangement-anterior cruciate ligament instability clinically left knee, insomnia, elevated blood pressure, rule out hypertension secondary to pain, left hand carpal tunnel syndrome, and left ankle tendinitis. In a progress report dated 5/12/15, the treating physician notes the injured worker has documented degenerative joint disease with internal derangement and anterior cruciate ligament instability of the left knee. McMurray's test is positive, chondromalacia patellar compression test is positive and there is medial joint line tenderness. There is tightness and spasm of the lumbar spine paraspinal musculature noted bilaterally. Straight leg raise is positive at 75 degrees. There is tenderness over the greater tuberosity of the left humerus and impingement test is positive. Pain has been getting progressively worse and he is managing only with strong medications which brings his pain from a rating of 9/10 down to 6/10. He has had physical therapy and had a failed cortisone injection to the knee. He states he still has relief from the left shoulder Cortisone injection. He complains of constant severe lower back pain radiating into the left leg with numbness, weakness, and tingling which is getting progressively worse. The treatment plan is to refill Norco 10/325mg, one tablet

every 12 hours for pain, Lorazepam for anxiety disorder, Electromyography/Nerve Conduction Velocity studies for bilateral lower extremities to evaluate nerve pathology/radiculopathy, a lumbar spine discogram at L3/4, L4/5 and L5/6 to exclude the source of pain. He has exhausted alternative treatments including non-steroidal anti-inflammatory drugs, physical therapy, acupuncture, chiropractics, and lumbar epidural injections-without lasting relief. Work status is that he was previously declared permanent and stationary and is temporarily totally disabled. The requested treatment is Norco 10/325mg #60, Lorazepam 1mg #60, Electromyography, Nerve Conduction Velocity study, and Lumbar Spine Discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents on 05/12/15 with severe unrated lower back pain which radiates into the left lower extremity with worsening numbness/tingling/weakness in the extremity. The patient also complains of moderate left knee pain, left foot pain, and improving left shoulder pain. The patient's date of injury is 11/11/10. Patient is status post left proximal tibia open reduction internal fixation on 11/24/10 and subsequent hardware removal in June 2012, status post left knee manipulation under anesthesia with arthroscopy and menisectomy on 06/05/12, and status post epidural steroid injection on 02/21/15. The request is for NORCO 10/325MG #60. The RFA is dated 05/12/15. Physical examination dated 05/12/15 reveals tenderness to palpation of the greater left humerus with positive impingement test noted, tightness and spasm in the lumbar paraspinal musculature, decreased sensation along the L5-S1 dermatomal distribution bilaterally and positive straight leg raise test bilaterally. The provider also notes positive McMurray's and patellar compression tests in the left knee, with tenderness along the medial joint line noted. The patient is currently prescribed Norco and Lorazepam. Electrodiagnostic study dated 06/03/15 was included with unremarkable findings in the lower extremities. Per 05/12/15 progress note, patient is advised to remain off work until 07/14/15. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids, Therapeutic Trial of Opioids, 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 regard to the continuation of Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Addressing medication efficacy, progress note dated 05/12/15 has the following: "Patient continues to manage pain with medications which decrease his pain from 9/10 down to 6/10 and allows him for ADLs and

Function." [Sic] Such vague documentation does not satisfy MTUS guidelines, which require documentation via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider has documented analgesia appropriately, as well as a consistent urine toxicology report dated 03/12/15. However, the treater does not provide specific functional improvements or a stated lack of aberrant behavior. Without such documentation, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.

Lorazepam 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents on 05/12/15 with severe unrated lower back pain, which radiates into the left lower extremity with worsening numbness/tingling/weakness in the extremity. The patient also complains of moderate left knee pain, left foot pain, and improving left shoulder pain. The patient's date of injury is 11/11/10. Patient is status post left proximal tibia open reduction internal fixation on 11/24/10 and subsequent hardware removal in June 2012, status post left knee manipulation under anesthesia with arthroscopy and meniscectomy on 06/05/12, and status post epidural steroid injection on 02/21/15. The request is for LORAZEPAM 1MG #60. The RFA is dated 05/12/15. Physical examination dated 05/12/15 reveals tenderness to palpation of the greater left humerus with positive impingement test noted, tightness and spasm in the lumbar paraspinal musculature, decreased sensation along the L5-S1 dermatomal distribution bilaterally and positive straight leg raise test bilaterally. The provider also notes positive McMurray's and patellar compression tests in the left knee, with tenderness along the medial joint line noted. The patient is currently prescribed Norco and Lorazepam. Electrodiagnostic study dated 06/03/15 was included with unremarkable findings in the lower extremities. Per 05/12/15 progress note, patient is advised to remain off work until 07/14/15. MTUS guidelines state on page 24 that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In regard to the request for Lorazepam, treater has exceeded recommended duration of therapy for this class of medications. Progress notes provided indicate that this patient has been prescribed a Lorazepam since at least 03/03/15. MTUS and ODG do not support chronic Benzodiazepine utilization owing to high risk of dependency and loss of efficacy, this patient has been prescribed Benzodiazepine medications for over 3 months. The requested 60 tablets, in addition to prior use, does not imply the intent to limit this medication to short-term. Therefore, the request IS NOT medically necessary.

EMG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 chapter under EMG's.

Decision rationale: The patient presents on 05/12/15 with severe unrated lower back pain which radiates into the left lower extremity with worsening numbness/tingling/weakness in the extremity. The patient also complains of moderate left knee pain, left foot pain, and improving left shoulder pain. The patient's date of injury is 11/11/10. Patient is status post left proximal tibia open reduction internal fixation on 11/24/10 and subsequent hardware removal in June 2012, status post left knee manipulation under anesthesia with arthroscopy and meniscectomy on 06/05/12, and status post epidural steroid injection on 02/21/15. The request is for EMG. The RFA is dated 05/12/15. Physical examination dated 05/12/15 reveals tenderness to palpation of the greater left humerus with positive impingement test noted, tightness and spasm in the lumbar paraspinal musculature, decreased sensation along the L5-S1 dermatomal distribution bilaterally and positive straight leg raise test bilaterally. The provider also notes positive McMurray's and patellar compression tests in the left knee, with tenderness along the medial joint line noted. The patient is currently prescribed Norco and Lorazepam. Electrodiagnostic study dated 06/03/15 was included with unremarkable findings in the lower extremities. Per 05/12/15 progress note, patient is advised to remain off work until 07/14/15. ODG, Low Back chapter under EMG's, electromyography, ODG states, "Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In regard to the EMG study to be performed on the bilateral lower extremities, the request is appropriate. The requested EMG was apparently carried out on 06/03/15 with unremarkable findings. However, at the time of the request this patient presented with subjective complaints of pain in the lower back and bilateral lower extremities, and examination findings suggestive of neurological compromise in the lower extremities. ACOEM supports such diagnostics for patients with chronic lower back pain. Therefore, the request IS/WAS medically necessary.

NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents on 05/12/15 with severe unrated lower back pain which radiates into the left lower extremity with worsening numbness/tingling/weakness in the extremity. The patient also complains of moderate left knee pain, left foot pain, and improving left shoulder pain. The patient's date of injury is 11/11/10. Patient is status post left proximal

tibia open reduction internal fixation on 11/24/10 and subsequent hardware removal in June 2012, status post left knee manipulation under anesthesia with arthroscopy and meniscectomy on 06/05/12, and status post epidural steroid injection on 02/21/15. The request is for NCV. The RFA is dated 05/12/15. Physical examination dated 05/12/15 reveals tenderness to palpation of the greater left humerus with positive impingement test noted, tightness and spasm in the lumbar paraspinal musculature, decreased sensation along the L5-S1 dermatomal distribution bilaterally and positive straight leg raise test bilaterally. The provider also notes positive McMurray's and patellar compression tests in the left knee, with tenderness along the medial joint line noted. The patient is currently prescribed Norco and Lorazepam. Electrodiagnostic study dated 06/03/15 was included with unremarkable findings in the lower extremities. Per 05/12/15 progress note, patient is advised to remain off work until 07/14/15. ACOEM, chapter 12, page 303, Low Back Complaints states that EMG is supported by ACOEM for low back pain. NCV is not supported unless the patient has peripheral symptoms with suspicion for peripheral neuropathy. In regard to the request for an NCV study to be performed on the bilateral lower extremities, the patient does not meet guideline criteria. This patient presents with subjective complaints of pain in the lower back and bilateral lower extremities with examination findings suggestive of neurological compromise in the lower extremities. Per ACOEM guidelines, NCV studies of the lower extremities are not supported unless the provider suspects peripheral neuropathy or another nerve condition separate from spinal stenosis - no such suspicions or conditions that could cause peripheral neuropathy are noted in the documentation provided. Without an appropriate diagnosis suggesting peripheral neuropathy or a suspicion thereof, NCV studies are not necessary at this time. The request IS NOT medically necessary.

Discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Lumbar & Thoracic (Acute & Chronic) Chapter under Discography.

Decision rationale: The patient presents on 05/12/15 with severe unrated lower back pain which radiates into the left lower extremity with worsening numbness/tingling/weakness in the extremity. The patient also complains of moderate left knee pain, left foot pain, and improving left shoulder pain. The patient's date of injury is 11/11/10. Patient is status post left proximal tibia open reduction internal fixation on 11/24/10 and subsequent hardware removal in June 2012, status post left knee manipulation under anesthesia with arthroscopy and meniscectomy on 06/05/12, and status post epidural steroid injection on 02/21/15. The request is for DISCOGRAM. The RFA is dated 05/12/15. Physical examination dated 05/12/15 reveals tenderness to palpation of the greater left humerus with positive impingement test noted, tightness and spasm in the lumbar paraspinal musculature, decreased sensation along the L5-S1 dermatomal distribution bilaterally and positive straight leg raise test bilaterally. The provider also notes positive McMurray's and patellar compression tests in the left knee, with tenderness along the medial joint line noted. The patient is currently prescribed Norco and Lorazepam. Electrodiagnostic study dated 06/03/15 was included with unremarkable findings in the lower

extremities. Per 05/12/15 progress note, patient is advised to remain off work until 07/14/15. ODG guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Chapter under Discography states: "Not Recommended. Patient selection criteria for Discography if provider & payor agree to perform anyway: (a) Back pain of at least 3 months duration; (b) Failure of recommended conservative treatment including active physical therapy; (c) An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection; (d) 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); (e) Intended as screening tool to assist surgical decision making, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) NOTE: In a situation where the selection criteria and other surgical indications for fusion are conditionally met, discography can be considered in preparation for the surgical procedure. However, all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non-diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria. (f) Briefed on potential risks and benefits from discography and surgery; (g) Single level testing (with control); (h) Due to high rates of positive discogram after surgery for lumbar disc herniation, this should be potential reason for non-certification." In regard to the request for a lumbar discogram, the patient has not satisfied guideline criteria for such a diagnostic. Progress notes do not indicate that this patient has had any lumbar discograms to date. Per progress note dated 05/12/15, the provider notes the reason for the request: "request authorization for lumbar spine discogram at L3/4, L4/5, and L5/S1 to exclude source of pain. Patient has exhausted all alternative treatments including: physical therapy, acupuncture, chiropractic care as well as lumbar epidural steroid injections without any lasting relief." While this patient presents with significant chronic pain which has been largely uncontrolled by conservative therapies, guidelines require a detailed psychosocial assessment prior to such imaging. Furthermore, lumbar discograms are intended as a screening tool to assist surgical decision making. Guidelines do not support such diagnostic exams for the exclusion of possible pain sources, as the provider intends. Without evidence of a detailed psychological assessment, or an intent to conduct this diagnostic as part of a pre-operative work-up, the request as written cannot be substantiated. The request IS NOT medically necessary.