

<b>Case Number:</b>	CM15-0022142		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	05/21/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 64 year old male, who sustained an industrial injury on May 21, 2011. The diagnoses have included lumbosacral strain/sprain with bilateral lower extremity radiculopathy, cervical spine sprain/strain with bilateral upper extremity radiculopathy and thoracic spine strain/sprain. Treatment to date has included medication and chiropractic therapy. Currently, the injured worker complains of cervical spine pain and bilateral upper extremity radicular pain, with numbness tingling and weakness. The injured worker rated the pain a 6 on a 10-point scale. The injured worker had lumbar spine pain with bilateral lower extremity radiculopathy which he rated a 6 on a 10 point scale. He reported that chiropractic therapy was mildly helpful. The evaluating physician noted that the injured worker's functional status had mildly improved and there was decreased pain intensity and frequency with medication. There was increased pain with mobility and the injured worker reported stress and anxiety. On January 13, 2015 Utilization Review non-certified a request for Naproxen 550 mg #60, Cyclobenzaprine Cream, Tramadol 50 mg #60, EMG and Nerve Conduction Studies of the bilateral lower and upper extremities and modified a request for psychological psychiatric consultation and treatment, noting that the documentation did not provide evidence of objective functional improvement from the use of Naproxen; noting that there is no indication that the injured worker had failed trials of first-line recommendations or was unresponsive or intolerant to oral pain medications; noting that there is no documentation of objective functional improvement using Tramadol and that the injured worker should have been completely weaned off the medication at this point in treatment; and noting with regard to EMG and Nerve Conduction Studies of the

bilateral lower and upper extremities that there is obvious evidence of radiculopathy with sensory deficits and diminished reflexes on exam. With regard to the request for psychological psychiatric consultation and treatment, the UR physician noted that pending the result from the evaluation, the request for psychological treatment had not been established. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines was cited. On February 5, 2015, the injured worker submitted an application for IMR for review of Naproxen 550 mg #60, Cyclobenzaprine Cream, Tramadol 50 mg #60, EMG and Nerve Conduction Studies of the bilateral lower and upper extremities, and psychological psychiatric consultation and treatment.

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

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

**Naproxen 550mg, #60 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,68.

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." I respectfully disagree with the UR physician. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs. Naproxen is indicated for the injured worker's low back pain. The request is medically necessary.

**Cyclobenzaprine Cream with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 113.

**Decision rationale:** Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product." Cyclobenzaprine is not indicated. The MTUS Chronic Pain

Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."Because topical cyclobenzaprine is not indicated, the compound is not recommended. This request is not medically necessary.

**Tramadol 50mg, #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals no documentation to support the medical necessity of tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects.Note is made that there is an appropriate UDS.As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**EMG BLE, BUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** Per MTUS ACOEM p182, with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent, is not recommended. The documentation from pain specialist and neurologist [REDACTED] from 4/14 notes that history, physical exam, and imaging study are concordant.

**NCS BLE, BUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** Per MTUS ACOEM p182, with regard to the detection of neurologic abnormalities, EMG for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent, is not recommended. The documentation from pain specialist and neurologist [REDACTED] from 4/14 notes that history, physical exam, and imaging study are concordant.

**Psychological Psychiatric Consultation and Treatment:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 100-101.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Specialty referral, page(s) 398.

**Decision rationale:** ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" The UR physician rendered a partial certification, certifying one consultation visit, but denied the request for treatment, citing that the request for treatment should only be made after the consultation is rendered. I respectfully disagree with the assertion that the treatment portion is not medically necessary, as it is standard medical practice to refer for evaluation and treatment, and the provider is not likely to perform any treatments if their consultation notes no need for treatment. The diagnosis of impairment and suffering due to psychological comorbidity (which is not in dispute) is sufficient evidence to affirm the need for possible treatment.