

Case Number:	CM15-0022325		
Date Assigned:	02/11/2015	Date of Injury:	09/09/2014
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 31-year-old female, with a reported date of injury of 09/09/2014. The diagnoses include cervical sprain/strain, left shoulder sprain/strain, neck pain, left shoulder pain, and cervical intervertebral disc disorder. Treatments have included chiropractic treatment and home exercises. The Doctor's First Report of Occupational Injury or Illness dated 12/18/2014 indicates that the injured worker complained of left shoulder pain, and neck pain. She rated her pain 3-8 out of 10. The pain radiated down into the left upper extremity with on and off numbness and tingling sensation with no problems controlling her bowel and bladder. An examination of the extremities showed normal strength, and gross sensation was intact. The treating physician requested an Electromyography/Nerve Conduction Velocity (EMG/NCV) of the left upper extremity to rule out radiculopathy, Relafen, and Tylenol #3. On 01/28/2015, Utilization Review (UR) denied the request for Relafen 500mg #30, Tylenol #3 #60, and EMG/NCV of the left upper extremity. The UR physician noted that there was no evidence that the injured worker had failed a trial of acetaminophen; there was no evidence that the injured worker failed a trial of acetaminophen or other non-opioid analgesics; and no indication for additional testing. The Chronic Pain Guidelines and the ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Relafen -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."I respectfully disagree with the UR physician. The MTUS does not mandate initial treatment with acetaminophen before use of NSAIDs. The request is medically necessary.

Tylenol #3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol #3 - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?"The documentation submitted for review does not indicate that the injured worker has failed non-opiate analgesic therapy. As such, the request is not medically necessary.

EMG/NCV of the left 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on

physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Per the documentation submitted for review, the injured worker has presented with constant neck pain with symptoms into the left upper extremity for greater than 4 weeks. An electrodiagnostic study is indicated for ruling out radiculopathy. The request is medically necessary.