MAXIMUS Federal Services

Case Number:	CM15-0034473		
Date Assigned:	03/02/2015	Date of Injury:	11/15/2002
Decision Date:	06/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 39-year-old female who sustained an industrial injury on 11/15/2002. Diagnoses include Dysthymic disorder, degeneration of cervical intervertebral disc, cervicalgia, rotator cuff syndrome of shoulder; lateral epicondylitis elbow region, radial styloid tenosynovitis, and myalgia and myositis unspecified. Treatment to date has included medications, acupuncture, TENS Unit, home traction device, and occasionally wears a soft neck collar. A physician progress note dated 01/26/2015 documents the injured worker has right-sided neck and arm pain, numbness and weakness in her right upper extremity. She gets severe cramps in the neck and shoulder. She is complaining of worsening pain and rates her pain at 9 out of 10, and at best a 4 out of 10- with medications, and 10 out of 10 without medications. Neck range of motion is limited in all planes. Cervical compression causes neck pain that radiates in the right shoulder blade area. Palpation reveals muscle spasm in the right cervical paraspinal and cervical trapezius muscles. Right elbow reveals tenderness and has a positive Cozen's maneuver. She has positive Tinel's sign at the ulnar groove, but no transition on passive range of the elbow. Right hand exam reveals positive Phalen's and Tinel's sign. Treatment requested is for Baclofen 10mg #60, Electromyography/Nerve Conduction Studies (EMG/NCS) upper extremities, Magnetic Resonance angiogram neck, Magnetic Resonance angiogram upper extremities and Percocet 10/325 mg #120. On 02/11/2015 Utilization Review non-certified the request for Baclofen 10mg #60, and Percocet 10/325mg #120 and cited was California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines Medical Treatment Guidelines. The request for Electromyography/Nerve Conduction Studies (EMG/NCS) upper extremities was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM). The request for Magnetic Resonance angiogram neck, and Magnetic Resonance angiogram upper extremities was non-certified and cited was Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/ongoing management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - On-Going Management Opioids - When to Discontinue Opioids - When to Continue Opioids Page(s): 23, 78-80.

Decision rationale: The IW is documented to be on a combination opioid for pain relief. Documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Additionally, this is redundant therapy as the IW is already on Norco. This request is not medically necessary and reasonable.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids/ongoing management, muscle relaxants Page(s): 63, 64, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia, non-FDA approved). The mechanism of action is blockade of the pre- and post-synaptic GABAB receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. There is documentation of muscle spasm on the physical examination. The IW has been on the Baclofen for 6 weeks, which is beyond the acute time frame recommended. The request is not medically necessary.

Electromyographic/Nerve Conduction Studies (EMG/NCS) upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Occupational medical practice guidelines chapter 8, page 178.

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

Decision rationale: Per ODG guidelines electromyography (EMG) and nerve conduction studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, According to

the progress notes there was no new neurological findings on exam that would indicate the need for EMG/NCV. This request is not medically necessary and appropriate.

Magnetic Resonance angiogram neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back - Magnetic resonance imaging (MRI).

Decision rationale: Per ODG guidelines repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation states that the IW was having a flare of symptoms but there is no documentation of changes on the physical examination. The request is not medically necessary.

Magnetic Resonance angiogram upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) treatment index, neck and upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back - Magnetic resonance imaging (MRI).

Decision rationale: Per ODG guidelines repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation states that the IW was having a flare of symptoms but there is no documentation of changes on the physical examination. The request is not medically necessary.