

<b>Case Number:</b>	CM15-0067224		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	06/23/1998
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 60 year old male sustained an industrial injury to the cervical spine, lumbar spine, bilateral shoulders, left elbow and bilateral wrists/hands and right ankle on 6/23/98. Previous treatment included magnetic resonance imaging, cervical fusion, bilateral carpal tunnel syndrome release, bilateral shoulder arthroscopy, electromyography, physical therapy and medications. In a PR-2 dated 2/27/15, the injured worker complained of moderate and occasionally severe low back pain with radiation down the left leg to the foot associated with numbness, tingling and weakness. Magnetic resonance imaging (2/14/15) showed broad based disc bulge with central canal stenosis at L3-4 and disc herniation with mild central canal stenosis at L4-5. Current diagnoses included cervical stenosis, cervical disc bulge, status post cervical fusion, bilateral shoulder arthroscopy, bilateral arthropathy, status post carpal tunnel release, lumbar spine degenerative disc disease and lumbar disc bulge. The treatment plan included electromyography bilateral lower extremity and medications (Ultram and Xanax). On 2/27/15, a request was submitted for bilateral upper extremity electromyography/nerve conduction velocity test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications. Decision based on Non-MTUS Citation University of Michigan Health System: Guidelines for clinical Care, Managing Chronic Non-Terminal Pain, March 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009)  
Page(s): 12, 13 83 and 113 of 127.

**Decision rationale:** This claimant was injured now 17 years ago, and has degenerative stenosis, and is status post cervical fusion. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.

**Xanax 0.50mg #30:** Upheld

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

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

**Decision rationale:** This claimant was injured now 17 years ago, and has degenerative stenosis, and is status post cervical fusion. There is no mention of anxiety issues. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately not medically necessary following the evidence-based guideline.

**One Electromyography (EMG)/ Nerve conduction velocity (NCV) of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-178; 181-182; 271-272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic); Carpal Tunnel Syndrome (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd  
Edition, (2004). Chapter 12, page 303.

**Decision rationale:** This claimant was injured now 17 years ago, and has degenerative stenosis, and is status post cervical fusion. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request was appropriately not medically necessary.