

<b>Case Number:</b>	CM15-0067391		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/01/2006
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/24/2015
<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, New York, 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:

The applicant is a represented 55-year-old who has filed a claim for chronic neck, back, and knee pain reportedly associated with an industrial injury of March 1, 2006. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve requests for an epidural steroid injection, electrodiagnostic testing of the lower extremities, tramadol, and clorazepate. Partial approvals of tramadol and clorazepate were apparently issued, for tapering or weaning purposes. A March 13, 2015 progress note was referenced in the determination, as was an earlier note dated February 27, 2015. In a subsequent UR report dated April 8, 2015, it did appear that the claims administrator went on to approve the previously denied epidural steroid injection. The applicant's attorney subsequently appealed. On January 30, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 8/10 with medications versus 10/10 without medications. Neck pain radiating to the upper extremities was also reported. The applicant reported difficulty performing activities of daily living as basic as self-care, personal hygiene, ambulating, gripping, and grasping, it was reported. The applicant was status post earlier knee surgery, it was suggested. The attending provider referenced a lumbar MRI imaging of September 6, 2012 notable for a far lateral disk protrusion at L5-S1 with associated moderate left-sided L5-S1 neuroforaminal encroachment and potential impingement upon the L5 nerve root. L4-L5 neuroforaminal encroachment and L3-L4 mild spinal stenosis was also reported. The applicant was not working. The applicant had received earlier epidural steroid injection therapy, it was acknowledged. Tramadol, doxepin, and clorazepate were renewed. In an RFA form dated April 1, 2015, the attending provider appealed requests for

electrodiagnostic testing of bilateral lower extremities, tramadol, doxepin, urine drug testing, and epidural steroid injection therapy. In an associated progress note dated March 27, 2015, the applicant again reported 8/10 pain with medications versus 9/10 pain without medications. Activities of daily living as basic as walking, self-care, personal hygiene, gripping, and grasping all remain problematic, the treating provider reported. The attending provider again suggested pursuing repeat epidural steroid injection therapy, and electrodiagnostic testing of the lower extremities while tramadol, doxepin, and clorazepate were renewed. It was stated that the applicant was using clorazepate twice daily for anxiolytic effect.

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

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

**EMG (electromyography)/NCV (nerve conduction velocity), Bilateral Lower Extremities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** No, the request for electrodiagnostic testing of bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant does in fact carry a diagnosis of clinically obvious radiculopathy. The applicant is status post epidural steroid injection therapy for the same. The applicant has MRI findings demonstrating nerve root impingement at the L5-S1 level, spinal canal stenosis at the L3-L4 level, and neuroforaminal encroachment at the L4-L5 level. It is not clear why electrodiagnostic testing was being sought in the face of the applicant's already carrying a diagnosis of clinically obvious, radiographically-confirmed radiculopathy. Therefore, the request is not medically necessary.

**Tramadol 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced

pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on several occasions, including on March 27, 2015. The applicant reported only a negligible reduction in pain scores, from 9/10 without medications to 8/10 with medications; it was noted on that date. The applicant continued to report difficulty performing activities of daily living as basic as standing, walking, gripping, grasping, self-care, personal hygiene, etc. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with tramadol. Therefore, the request is not medically necessary.

**Clorazepate 7.5 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The request for clorazepate, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as clorazepate may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the 60-tablet supply of clorazepate at issue represents chronic, long-term, and twice-daily usage of the same. Such usage, however, runs counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.