

Case Number:	CM15-0071271		
Date Assigned:	04/27/2015	Date of Injury:	10/07/2013
Decision Date:	08/19/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/15/2015

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

Certification(s)/Specialty: Emergency 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 52 year old male, who sustained an industrial injury on 10/07/2013. He sustained injuries to his left arm and left leg that required immediate surgery. Treatment to date has included surgeries, medications, radiographic imaging, physical therapy, chiropractic care and acupuncture. According to a progress report dated 02/23/2015, the injured worker complained of constant intractable pain in his left knee and left ankle, frequent shooting pain and numbness of the left leg, worsening of pain, numbness and weakness of the left hand, constant intractable pain in the left wrist, hypersensitivity to touch on damaged area of skin on the left medial calf area, frequent lower back pain, painful movements of the left shoulder, headaches, history of inguinal hernia, depression, panic attacks and difficulty sleeping. Diagnoses included posttraumatic daily intractable headaches, worsening of numbness and weakness of the left hand, traumatic injury of left wrist with impairment in ranges of motion of left wrist, status post traumatic arthritis of the left knee and pain in the left shoulder and left ankle, status post-surgery of compound fracture of the left tibia and fibula with abnormal skin in left medial calf area with hypersensitivity, status post-surgery of fracture of left radius and ulnar, major depression/panic attacks, traumatic right inguinal hernia, hypertension and chronic myofascial pain syndrome, cervical and thoracolumbar spine moderate to severe. Treatment plan included Electromyography (EMG) of the upper extremities due to worsening of numbness and weakness of the left hand/arm, psychological evaluation for assessment of major depression and anxiety, blood tests, Naproxen, Tramadol, Xanax and Wellbutrin, home muscle strengthening exercise, a gym membership, deep breathing type meditation and a follow up. Currently under review is the request for an EMG/NCV (Electromyography/Nerve Conduction Velocity studies) of the upper extremities, Naproxen, Tramadol, Xanax, Wellbutrin SR and a gym membership for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV study of the upper extremities: 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 (ODG), Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The patient is a 52 year old male who sustained an injury in October of 2013. He subsequently has had multiple diagnoses including left hand weakness. The patient has already been approved for an EMG on 3/8/2015. The MTUS guidelines state the following: "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." There is inadequate documentation that the neurologic examination in this case is not clear to warrant nerve conduction studies.

Also the EMG studies should be evaluated prior to further testing being performed. As such, the request is not medically necessary.

Naproxen 550mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68 of 127.

Decision rationale: The request is for the use of naproxen which is in the category of NSAIDS. The MTUS guidelines do state that NSAIDS are indicated for osteoarthritis at the lowest dose and shortest period possible. There is lack of documented functional improvement seen with use of naproxen in this case justifying continued use, especially in light of the side effect profile.

Also, there is inconsistent evidence for its use in long-term neuropathic pain. As such, the request is not medically necessary.

Tramadol HCL 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 84 of 127.

Decision rationale: The request is for the use of tramadol for chronic pain related to his multiple injuries. The MTUS guidelines states that a Cochraine review revealed it decreased pain and improved function for a 3 month period. The effect was not persistent beyond this 3 month period. Adverse events caused the participants to discontinue its use. There are no studies which have shown long-term benefit. As such, the request is not medically necessary.

Xanax ER 0.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 24 of 127.

Decision rationale: The request is for the use of Xanax. Xanax is in the category of benzodiazepines which are commonly used for anxiety or muscle relaxation. The MTUS guidelines state that it is not recommended for long term use because efficacy is unproven and there is a risk of dependency. Most guidelines limit its use to 4 weeks. As such, the request is not medically necessary.

Wellbutrin SR 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 27 of 127.

Decision rationale: The request is for the medication wellbutrin. Wellbutrin is in the category of an antidepressant but also has been used for chronic pain control. The MTUS guidelines state that it is an option after other agents have been tried. There is no evidence for efficacy in non- neuropathic low back pain. There is inadequate documentation of inadequate pain relief with previous treatments necessitating further medication use. As such, the request is not medically necessary.

Gym membership for 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 46-47 of 127.

Decision rationale: The request is for a gym membership. The MTUS guidelines do support exercise programs with strength conditioning as an essential part of rehabilitation. Programs should emphasize independence and has been found to significantly reduce pain. In this case,

there is inadequate documentation of why the patient could not perform self-directed home exercises, with progressive walking, stretching, strength training. As such, the need for a gym membership has not been explained. The request is not medically necessary.