

Case Number:	CM15-0074281		
Date Assigned:	04/24/2015	Date of Injury:	10/07/2013
Decision Date:	06/29/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

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: Physical Medicine & Rehabilitation, 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 52 year old male who sustained an industrial injury on 10/07/2013. Diagnoses include 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 the left wrist, posttraumatic arthritis of left knee and pain in left shoulder and left ankle. He is status post-surgery for compound fracture of left tibia and fibula with abnormal skin in left medial calf 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 to date has included diagnostic studies, surgery, medications, physical therapy, chiropractic sessions, and acupuncture treatments. A physician progress note dated 02/23/2015 documents the injured worker has pain in the left knee and ankle, left leg, left hand, left wrist, lower back pain, left shoulder, and headaches. There is numbness in the left leg, and left hand. Pain in his left shoulder and lower back is severe at times. He has trouble sleeping due to pain. He describes his pain as continuous, throbbing, sharp and stabbing, and accompanied by numbness and tingling sensations. It is alleviated somewhat with medications and warm shower/baths. He has problems performing activities of daily living and routine household chores as well as participating in leisure time activities. He presented as a very depressed and tearful individual. The cervical spine revealed multiple myofascial trigger points and taut bands through the cervical paraspinal, trapezius, levator scapulae, scalene, and infraspinatus muscles on the left side of the cervical spine. Neck compression was positive. Bilateral shoulder ranges of motion

were decreased and shoulder impingement was positive on the left. Ranges of motion in the wrists were decreased. There were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as in the gluteal muscles. Knee effusion was positive for the left knee and McMurray's and Apley's was positive in the left knee. Bilateral feet and ankles revealed range of motion restrictions. Romberg was positive. The injured worker and walks with a limp and uses a cane or walker. Treatment plan was for Electromyography/Nerve Conduction Velocity studies of the lower extremities, Magnetic Resonance Imaging of the cervical spine and left knee, and follow up visit in 4 weeks. Treatment requested is for EMG/NCV of lower extremities, Naproxen 550mg, 1 tab every 8 hours, Tramadol HCL ER 150mg, 1 tab 2 times a day, and Wellbutrin SR 150mg, 2 tabs at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of 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 (ODG), Low Back Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, while there are some findings suggestive of radiculopathy, there is no evidence of peripheral neuropathy for which the NCV portion of the test would be indicated and, unfortunately, there is no provision for modification of the request to allow for EMG only. In light of the above issues, the currently requested EMG/NCV of the lower extremities is not medically necessary.

Naproxen 550mg, 1 tab every 8 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, while there is subjective pain relief noted, there is no indication that Naproxen is providing any specific objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

Tramadol HCL ER 150mg, 1 tab 2 times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, while some pain relief is noted, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol ER is not medically necessary.

Wellbutrin SR 150mg, 2 tabs at bedtime: 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 8 9792.20 - 9792.26 Page(s): 13-16.

Decision rationale: Regarding the request for Wellbutrin, CA MTUS guidelines state that some antidepressants (typically tricyclic and SNRI) are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Wellbutrin provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested Wellbutrin is not medically necessary.

