

Case Number:	CM15-0091652		
Date Assigned:	05/18/2015	Date of Injury:	01/25/2005
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/12/2015

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: Indiana

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 injured worker is a 66 year old female, who sustained an industrial injury on 1/25/05. She reported neck and low back injury. The injured worker was diagnosed as having cervical discopathy, bilateral carpal tunnel syndrome, left wrist strain, lumbar sprain/strain, lumbar discopathy, hip contusion, leg contusion and left knee contusion and strain. Treatment to date has included oral medications including ibuprofen and transdermal creams and activity restrictions. Currently, the injured worker complains of ongoing neck and low back pain rated 7/10 with radiation to bilateral upper trapezius muscles, shoulders and arms also rated 7/10. She also complains of ongoing aching pain in bilateral wrists rated 8/10, aching pain in low back with pins and needles rated 8/10 and aching pain in bilateral knees rated 7/10. She is currently working with restrictions. Physical exam noted tenderness at the occipital insertion of paracervical musculature, mild tenderness bilaterally in the trapezii and midline base of the cervical spine is tender with significant tenderness to the sub occipital region and range of motion is accompanied by tenderness and pain; tenderness is noted of the thoracolumbar spine to the base of the pelvis, paralumbar musculature is slightly tight bilaterally, buttocks are tender and some tenderness is noted with stress of the pelvis and lumbar range of motion is limited. Treatment plan included renewing of medications: Motrin, Tizanidine, Tramadol, Transdermal creams, acupuncture, and (EMG) Electromyogram / (NCV) Nerve Condition Velocity studies, Naproxen, Ultram and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (8) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. ODG does not recommend acupuncture for acute low back pain, but "may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts." The initial trial should "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy)." There is no evidence provided that indicates the patient received acupuncture before or that the acupuncture sessions are being used as an adjunct to physical rehabilitation or surgical intervention. Additionally, the request for 8 initial sessions is in excess of the recommended trial by ODG. As such, the request is not medically necessary.

Ultram 50mg one (1) every 4-6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram; opioids Page(s): 74-123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tramadol.

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of

goals for the use of tramadol prior to the initiation of this medication. As such, the request is not medically necessary.

Ambien 10mg one (1) every night at bedtime #30: 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), Pain, Zolpidem (Ambien).

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

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication for at least several weeks. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as: "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien is not medically necessary at this time.

Flurbiprofen 25%, Lidocaine 5% in Lipoderm base #120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. The medical documents do not indicate failure of antidepressants or anti-convulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Therefore, the request is not medically necessary.

EMG/NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV.

Decision rationale: ACOEM recommends "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG further states that EMG is "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician refers to clinically obvious radiculopathy of both lower extremities in treatment notes by referring to intermittent severe pain, stiffness, soreness, and weakness of the low back that radiates to the lower extremities with some numbness and weakness. As such, the request is not medically necessary.