

<b>Case Number:</b>	CM15-0096098		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	12/21/2004
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: 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 60 year old female patient who sustained an industrial injury on 12/21/2004. The accident was described as sustaining injuries over the course of employment to her shoulders, wrists, lower back, bilateral knees and bilateral ankles. A recent primary treating office visit dated 04/13/2015 reported the patient with subjective complaint of constant moderate achy neck pain, stiffness that radiates to right shoulder; constant severe throbbing low back pain radiating to right leg; constant severe achy throbbing left shoulder pain; occasional moderate achy right wrist pain with weakness; occasional moderate throbbing right knee pain along with occasional mild achy left knee pain. Objective findings showed cervical compression caused pain, and foraminal compression causes pain on the left. A Kemp's maneuver caused pain along with a straight leg raise caused pain on the left. The following diagnoses were applied: cervical sprain/strain; lumbar derangement; right shoulder tenosynovitis, left shoulder tenosynovitis; ganglion of right wrist joint; left wrist tendonitis; right knee Baker's cyst, and left knee meniscus tear. The plan of care noted the patient currently taking Tramadol ER 100mg, Neurontin 300mg, Naproxen and Flexeril. Of note, there is still pending authorization of pain management treatment to cervical and lumbar spine, and undergo electrodiagnsotic nerve conduction study for all extremities. She is to remain off from work duty through 05/28/2015. Previous treatment to include: taken off from work duty, worked modified work duty, medications, topical ointment, and a course of physical therapy. A follow up visit dated 12/01/2014 reported subjective complaint of having constant severe, sharp neck pain that is aggravated by looking up and down and relieved with medication. She has constant severe sharp

low back pain accompanied by tingling and aggravated by sitting, standing, walking, driving, bending, holding still, pushing and pulling repetitively. There is also intermittent moderate sharp bilateral shoulder pain; she has intermittent moderate sharp bilateral wrist pain and left knee with constant severe achy sharp, swelling, and cramping. Objective findings showed Kemp's test elicited pain; along with a straight leg raise caused pain on the left. The left knee was with both McMurray's and Apley's testing caused pain. There is no change in the treating diagnoses. The plan of care involved: pain management recommending diagnostic facet block, orthopedic referral evaluating bilateral shoulders, wrists and knees; obtain a urine drug screen and continue with Naproxen, Protonix, and Tramadol ER 150mg.

### **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 Upper Extremities & Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 303; 165-194.

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

**Decision rationale:** The MTUS states that 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 minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy. EMG (electromyography)/NCV (nerve conduction velocity), Bilateral Upper Extremities & Bilateral Lower Extremities are not medically necessary.

#### **Neurontin 300 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19.

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 300 mg Qty 90 is not medically necessary.

**Tramadol ER (extended release) 100 mg Qty 45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol ER (extended release) 100 mg Qty 45 is not medically necessary.