

Case Number:	CM15-0098536		
Date Assigned:	05/29/2015	Date of Injury:	08/26/2008
Decision Date:	09/23/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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

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 53 year old female, who sustained an industrial injury on 8/26/2008. The mechanism of injury is unknown. The injured worker was diagnosed as having cervicalgia and internal derangement of the knee. Left knee magnetic resonance imaging showed no fractures, arthritic changes, chondromalacia of the patella, medial and lateral meniscus tears and medial lateral collateral ligament sprain. Right knee magnetic resonance imaging showed arthritic changes, joint effusion and tears in the medial and lateral meniscus and medial collateral ligament sprain. Treatment to date has included medication management. In a progress note dated 3/26/2015, the injured worker complains of constant pain in the cervical spine, rated 8/10 and bilateral knee pain rated 8/10. Physical examination showed tenderness and crepitus in the bilateral knees and cervical paravertebral muscle tenderness with spasm. The treating physician is requesting Fenoprofen Calcium/Nalfon 400 mg #120, Lansoprazole/Prevacid 300 mg #120, Ondansetron 8 mg #30, Cyclobenzaprine Hcl 7.5 mg #120, Tramadol ER 150 mg #90 and electromyography (EMG) /nerve conduction study (NCS) of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen Calcium/Nalfon 400mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with constant pain in the cervical spine radiating into the upper extremities and pain in the bilateral knee. The request is for fenoprofen calcium/nalfon 400MG #120. The request for authorization is dated 05/04/15. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited with pain. There is tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger which correlates with a C6 and C7 dermatomal pattern. Exam of the knee reveals tenderness in the joint line. Patellar grind test is positive. McMurray is positive. There is crepitus with painful range of motion. Per progress report dated 05/21/15, the patient is PPD. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. The prescription history has not been provided to determine how long the patient has been prescribed Fenoprofen. In this case, the treater has not documented pain reduction or functional improvement resulting from using Fenoprofen. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Lansoprazole/Prevacid 300mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

Decision rationale: The patient presents with constant pain in the cervical spine radiating into the upper extremities and pain in the bilateral knee. The request is for lansoprazole/prevacid 300MG #120. The request for authorization is dated 05/04/15. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited with pain. There is tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger which correlates with a C6 and C7 dermatomal pattern. Exam of the knee reveals tenderness in the joint line. Patellar grind test is positive. McMurray is positive. There is crepitus with painful range of motion. Per progress report dated 05/21/15, the patient is PPD. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI

events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. Prescription history is not provided to determine how long the patient has been prescribed Lansoprazole. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, given lack of documentation as required by guidelines, the request is not medically necessary.

Ondansetron 8mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) chapter, under Anti-emetics.

Decision rationale: The patient presents with constant pain in the cervical spine radiating into the upper extremities and pain in the bilateral knee. The request is for Ondansetron 8MG #30. The request for authorization is dated 05/04/15. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited with pain. There is tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger which correlates with a C6 and C7 dermatomal pattern. Exam of the knee reveals tenderness in the joint line. Patellar grind test is positive. McMurray is positive. There is crepitus with painful range of motion. Per progress report dated 05/21/15, the patient is PPD. ODG Guidelines, Pain (Chronic) chapter, under Anti-emetics (for opioid nausea): "Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." Treater does not specifically discuss this medication. Prescription history is not provided to determine how long the patient has been prescribed Ondansetron. In this case, treater has not indicated that patient is postoperative, undergoing chemotherapy and radiation, or has gastroenteritis, as recommended by ODG and the FDA. The request does not meet guideline indications. Therefore, the request is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with constant pain in the cervical spine radiating into the upper extremities and pain in the bilateral knee. The request is for Cyclobenzaprine Hydrochloride 7.5MG #120. The request for authorization is dated 05/04/15. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited with pain. There is tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger which correlates with a C6 and C7 dermatomal pattern. Exam of the knee reveals tenderness in the joint line. Patellar grind test is positive. McMurray is positive. There is crepitus with painful range of motion. Per progress report dated 05/21/15, the patient is PPD. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. Prescription history is not provided to determine how long the patient has been prescribed Cyclobenzaprine. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. In this case, the request for Cyclobenzaprine #120 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.

Tramadol ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with constant pain in the cervical spine radiating into the upper extremities and pain in the bilateral knee. The request is for Tramadol ER 150MG #90. The request for authorization is dated 05/04/15. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited with pain. There is tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger which correlates with a C6 and C7 dermatomal pattern. Exam of the knee reveals tenderness in the joint line. Patellar grind test is positive. McMurray is positive. There is crepitus with painful range of motion. Per progress report dated 05/21/15, the patient is PPD. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse

side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not specifically discuss this medication. Prescription history is not provided to determine how long the patient has been prescribed Tramadol. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Tramadol. No validated instrument is used to show functional improvement. There is no documentation or discussion regarding side effects and aberrant drug behavior. No UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.

EMG/NCV of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents with constant pain in the cervical spine radiating into the upper extremities and pain in the bilateral knee. The request is for EMG/NCV of the bilateral upper extremities. The request for authorization is dated 05/04/15. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited with pain. There is tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger which correlates with a C6 and C7 dermatomal pattern. Exam of the knee reveals tenderness in the joint line. Patellar grind test is positive. McMurray is positive. There is crepitus with painful range of motion. Per progress report dated 05/21/15, the patient is PPD. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater does not discuss the request. In this case, the patient continues with pain in the cervical spine radiating into the upper extremities. Physical

examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited with pain. There is tingling and numbness into the lateral forearm and hand, greatest over the thumb and middle finger which correlates with a C6 and C7 dermatomal pattern. Given the patient's upper extremities symptoms and diagnoses, EMG study would appear reasonable. There is no evidence that the patient has had a prior Bilateral Upper Extremity EMG/NCV study done. The request appears to meet guidelines indication. Therefore, the request is medically necessary.