

<b>Case Number:</b>	CM15-0124668		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/28/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 43 year old female, who sustained an industrial injury on October 28, 2014. She reported pain in the neck, thoracic and lumbar back, bilateral shoulders, right elbow, bilateral wrists and hands after a filing cabinet fell and landed on her back. The injured worker was diagnosed as having cervical sprain/strain with myofascitis, thoracic sprain/strain with myofascitis, lumbar sprain/strain with myofascitis, bilateral shoulder sprain/strain, rule out internal derangement, bilateral wrist/hand sprain/strain, rule out carpal tunnel syndrome, anxiety, depression and insomnia. Treatment to date has included diagnostic studies, formal pain evaluation, physical therapy, right shoulder injection, medications, psychiatry and work restrictions. Currently, the injured worker complains of pain in the neck, thoracic and lumbar back, bilateral shoulders, right elbow, bilateral wrists and hands with associated stress, anxiety, dyspnea and palpitations. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. She last worked on February 11, 2015, for a period of seven years as a security guard. Evaluation on March 25, 2015, revealed continued pain as noted. She rated her pain in the neck 7 out of 10 on a 1-10 scale with 10 being the worst, her low back pain at 7 out of 10 with 10 being the worst, her bilateral elbow pain at 7 out of 10 with 10 being the worst and her bilateral wrist pain at 7 out of 10 with 10 being the worst. She noted ongoing depression. It was noted cervical and lumbar flexion were decreased at 20%. Medications included Cyclobenzaprine, Naproxen, Zolpidem and Protonix. A formal pain evaluation was performed on March 17, 2015, revealing her average pain was rated at a 5 on a 1-10 scale with 10 being the worst and 7 on a 1-10 scale with 10 being

the worst when she engages in activities. It was noted the pain interfered with sleep, standing, sitting, lifting, driving, performing activities of daily living, personal relationships and concentration. It was noted on the exam she rated her anxiety, depression, mood and level of irritability at 10 on a 1-10 scale with 10 being the worst. X-ray studies of the bilateral shoulders, bilateral elbows and wrists on March 27, 2015, revealed normal alignments. Evaluation on April 2, 2015, revealed continued pain as noted. She rated her pain using a 1-10 scale with 10 being the worst. Her neck pain was rated at 8, right shoulder pain at 8-9, left shoulder at 5-6, and right forearm at 8, left forearm at 5, right wrist and hand at 8, left wrist and hand at 8 and mid and low back at 8. Current medications included Prozac, Klonopin, Naproxen, Cyclobenzaprine, Ambien and Protonix. It was noted she completed physical therapy without significant improvement. She continued to complain of depression and anxiety. She was temporarily totally disabled. Evaluation on June 5, 2015, revealed continued anxiety, depression, dyspnea and palpitations. It was noted Flexeril was increased from 1/2-1 tab at night to 5mg up to 3 times daily. Cervical and back tenderness continued with decreased range of motion and noted increased muscle tone. Acupuncture 2 x 4 for the shoulder, elbow, wrist, hand, neck, thoracic and lumbar, Cyclobenzaprine 5mg #60, EMG/NCV of the bilateral upper extremities, Gene analysis; common variants (CYP2C19), MRI of the right elbow, MRI of the right shoulder, Nabumetone 500mg #60, Physical performance test, TENS unit and a Urine toxicology screen were requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Per California (CA) MTUS Chronic Pain Treatment Guidelines, TENS units are recommended for individuals with chronic pain lasting more than three months after appropriate treatment options have been tried and failed. The CA MTUS Guidelines also recommends ongoing objective documentation of functional improvements to continue the use of an optional treatment modality. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The CA MTUS recommends a one month trial period to determine effectiveness of the treatment. There was no evidence in the documentation provided the injured worker had trialed the TENS unit for a one month trial period. The request for a TENS unit is not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to the California (CA) MTUS, Urine toxicology screens are used to assess presence of illicit drugs or to monitor adherence to the prescription medication regiment. In this case, there was no documentation to suggest there was suspicion of illicit drug abuse, noncompliance or aberrant behavior. The request for a urinary drug screen is not medically necessary.

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The California (CA) MTUS ACOEM Guidelines support the use of magnetic resonance imaging (MRI) for the shoulder in the case of rotator cuff tear, impingement syndrome, tumors or infection. It was noted consistently in the provided documentation, the injured worker complained of shoulder pain however there was no diagnoses supporting the indications for shoulder MRI. In addition, the injured worker was concurrently prescribed acupuncture for the right shoulder. The outcome of other treatment modalities should be assessed before additional studies would be supported. For these reasons, MRI of the right shoulder is not medically necessary.

**MRI of the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

**Decision rationale:** The California (CA) MTUS ACOEM Guidelines support the use of magnetic resonance imaging (MRI) for suspected ulnar collateral ligament tears, but not for suspected epicondylalgia. It was noted consistently in the provided documentation, the injured worker complained of elbow pain however there was no indication suggestive of ligamentous injury or other conditions to support MRI studies. In addition, the injured worker was concurrently prescribed acupuncture and an elbow sleeve. The outcome of other treatment modalities should be assessed before additional studies would be supported. For these reasons, MRI of the right elbow is not medically necessary.

**Acupuncture 2 x 4 for the shoulder, elbow, wrist, hand, neck, thoracic and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** According to the California (CA) MTUS Guidelines, 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. There were no noted specific indications presented by the physician for acupuncture therapy. Pain medications were consistently continued and noted as tolerated. It is noted objective functional improvement after a trial of 3-6 visits is recommended before additional acupuncture would be necessary. The request for Acupuncture 2 x 4 for the shoulder, elbow, wrist, hand, neck, thoracic and lumbar spine exceeds the recommended number of trial visits and is not medically necessary.

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the MTUS ACOEM Guidelines, "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 for more than three to four weeks." It was indicated, the injured worker had neck pain, bilateral upper extremity pain, bilateral elbow pain, bilateral wrist pain and bilateral hand pain for several months. She was treated with pain medications, physical therapy and muscle relaxants without significant improvement in symptoms. She had a diagnosis of rule out carpal tunnel syndrome. However, she was concurrently prescribed an elbow sleeve and acupuncture therapy. The outcomes of the other recommended treatment modalities should be assessed. In this case, EMG and NCV studies of the bilateral upper extremities are not medically necessary.

**Physical performance test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

**Decision rationale:** Per MTUS guidelines functional improvement measures are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories work functions and or ADL's, physical impairments and approach to self-care and education. Work Functions and/or Activities of Daily Living, Self Report of Disability should include objective measures of the

patient's functional performance in the clinic. Physical Impairments should include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. The documentation lacks objective findings from the early in the IW's care for comparison currently as required for functional improvement measures to be valid. The request is not medically necessary or appropriate.

**Nabumetone 500mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** According to the California (CA) MTUS Guidelines, Nabumetone is a nonsteroidal anti-inflammatory (NSAID). It is suggested to represent a first line of treatment intended to treat various chronic pain conditions. However to continue use of a medication intended for long term use, there should be ongoing assessments of pain and function to support improvements secondary to the requested medication. The documents did not support functional improvement or improved pain from one visit to the next while the injured worker was using Nabumetone. Furthermore, lifting restrictions remained active and she was not able to return to work. The request for Nabumetone 500mg #60 is not medically necessary.

**Cyclobenzaprine 5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** According to California (CA) MTUS Guidelines Cyclobenzaprine (Flexeril) is a second line treatment secondary to high risk of adverse events. Flexeril is recommended for short-term use and to treat acute exacerbations or flare-ups. In this case Flexeril was prescribed for insomnia and muscle spasms at each hour of sleep then increased to 5mg up to 3x daily. It was reported the injured worker had been using this medication for several months with no noted improvement in functionality or the ability to perform activities of daily living and no noted decrease in pain frequency or intensity. In addition, there was no indication that the medication was intended for exacerbations or flare-ups of muscle spasm. Furthermore, Flexeril is not intended to treat insomnia. For these reasons, Flexeril 5mg #60 is not medically necessary.

**Gene analysis; common variants (CYP2C19): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Pharmacogenetic testing/ pharmacogenomics (opioids & chronic non-malignant pain).

**Decision rationale:** MTUS and ACOEM are silent on this subject. Per ODG guidelines genetic testing is not recommended. Testing is not recommended except in a research setting. In many complex trials evaluating the effect of opioids on pain, population-based genetic association studies have had mixed success and reproducibility has been poor. Evidence is not yet sufficiently robust to determine association of pain-related genotypes and variability in opioid analgesia in human studies. This request is not medically necessary or appropriate.