Case Number:	CM17-0015333		
Date Assigned:	01/26/2017	**Date of Injury:**	11/02/2016
Decision Date:	02/28/2017	**UR Denial Date:**	01/09/2017
Priority:	Standard	**Application Received:**	01/20/2017

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: Florida,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:

This case involves a now 40-year-old female with a history of an occupational claim from 11/02/2016. The mechanism of injury is detailed as repetitive, cumulative trauma. The current diagnoses are documented as cervical strain, carpal tunnel syndrome to the bilateral wrists, and pain to the bilateral elbows. In the clinical note dated 12/27/2016, it was noted that the patient complained of pain, tenderness, and limitations of motional weakness to the cervical spine as well as to the right wrist and bilateral elbows. Upon physical examination, there was tenderness to the palpation to the upper, mid, and lower paravertebral and trapezius muscle. There was a negative Spurling's, Adson's, and Wright's maneuver. Examination of the shoulders indicated there was a negative impingement sign. There was satisfactory rotator cuff strength. On examination of the shoulder girdles, it was noted that there was no tenderness and there was also a negative Tinel's sign over the brachial plexus. There was tenderness over the lateral epicondyle and extensor origin without palpable deficits to the elbows. There was tenderness over the medial epicondyle and flexor origin without palpable deficits as well. There was tenderness with a negative Tinel's sign over the cubital tunnel. To the bilateral wrists, it was noted that there was a positive Phalen's sign and median compression sign. Tinel's sign, Finkelstein's sign, Watson's sign, and Allen's sign was negative bilaterally. There was satisfactory range of motion to the digits. There was a decreased sensation to the bilateral C6 and median nerve distribution. The patient had 4/5 strength with flattening and atrophy of the thenar. The treatment plan included for the patient to undergo an MRI of the cervical spine, undergo EMG/NCV of the bilateral upper extremities, receive Prevacid, and to receive tramadol. A Request for Authorization was

signed on 01/03/2017 and a prior denial was made on 01/09/2017. The request for MRI of the cervical spine was denied due to the patient has not undergone conservative care as 6 sessions of physical therapy was certified at the prior review. The request for EMG/NCV of the bilateral upper extremities was denied for the same rationale. The request for Prevacid was denied due to the records did not indicate the patient having gastrointestinal issues or gastroesophageal reflux disease. The request for tramadol was denied due to no indication of the patient trying and failing nonopiate analgesic medications prior to consideration for opiate analgesics and there was no indication of a urine drug screen performed prior to consideration for initiation of opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

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

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

Decision rationale: According to ACOEM, for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test, such as an MRI, to define a potential cause. The patient was approved to undergo physical therapy at the last peer review. There is a lack of documentation regarding the patient trying and failing conservative care, such as physical therapy, prior to the request for MRI of the cervical spine. Medical necessity has not been established. Therefore, the decision for MRI of the cervical spine is not medically necessary.

EMG/NCV bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

Decision rationale: According to California 2016 Chronic Pain Guidelines, nerve conduction studies are generally accepted, well established, and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments such as carpal tunnel syndrome or radiculopathy. Electromyography and nerve conduction studies are separate studies and generally should not be performed together. Nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates

for surgery. There is documentation of the patient being authorized to undergo 6 sessions of physical therapy in the last peer review. There was a lack of documentation regarding the patient trying and failing conservative care, such as physical therapy, prior to the request for electrodiagnostic studies. Medical necessity has not been established at this time. Therefore, the decision for EMG/NCV of the bilateral upper extremities is not medically necessary.

Prevacid 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Proton Pump Inhibitors (PPIs).

Decision rationale: According to California MTUS 2016 Pain Guidelines, proton pump inhibitors are recommended for patients at risk for gastrointestinal events. The use of proton pump inhibitors should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Proton pump inhibitors are highly effective for their approved indications including preventing gastric ulcers induced by nonsteroidal anti-inflammatory drugs. There is a lack of documentation regarding the patient having a history of gastrointestinal complaints or current gastrointestinal complaints to warrant this request. Medical necessity has not been established. Therefore, the decision for Prevacid 15 mg #30 is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3.1 Opioids for Chronic Pain and Chronic Opioid Treatment: Comprehensive Evaluation and Assessment of Patient, 3.2 Opioids for Chronic Pain and Chronic Opioid Treatment: Consideration of Alternative Treatments for Chronic Pain and Chronic Opioid Treatment, 3.3 Opioids for Chronic Pain and Chronic Opioid Treatment: Initiating and Monitoring Chronic Opioid Treatment, 3.3.1.1 Opioids for Chronic Pain and Chronic Opioid Treatment: Screening for Risk of Addiction or Adverse Events, Prior to Chronic Opioid Treatment: Screening for Drug Misuse/Abuse, 3.3.1.2 Opioids for Chronic Pain and Chronic Opioid Treatment: Screening for Risk of Addiction or Adverse Events, Prior to Chronic Opioid Treatment: Screening for Alcohol Misuse/Abuse, 3.3.1.3 Opioids for Chronic Pain and Chronic Opioid Treatment: Screening for Risk of Addiction or Adverse Events, Prior to Chronic Opioid Treatment: Screening for Additional Psychosocial Factors Contributing to Substance Misuse/Abuse, 3.3.2 Opioids for Chronic Pain and Chronic Opioid Treatment: Patient Treatment Agreement and Informed Consent, 3.3.3 Opioids for Chronic Pain and Chronic Opioid Treatment: Initiation of Chronic Opioid Treatment, 3.3.4 Opioids for Chronic Pain and Chronic Opioid Treatment: Use of CURES to Ensure Safe and Effective Opioid Use, 3.3.5 Opioids for Chronic Pain and Chronic Opioid Treatment: Use of Tools to Monitor Patients on Chronic Opioid Treatment, 3.3.6 Opioids for Chronic Pain and Chronic Opioid Treatment: Use of Urine Drug Testing (UDT), 3.3.8 Opioids for Chronic Pain and Chronic Opioid Treatment: Opioid Titration and Dosing

Threshold, 3.3.9 Opioids for Chronic Pain and Chronic Opioid Treatment: Maintenance of Chronic Opioid Treatment.

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3.3.3 Opioids for Chronic Pain and Chronic Opioid Treatment: Initiation of Chronic Opioid Treatment.

Decision rationale: According to California MTUS Opioid Treatment Guidelines, initiation of opioids for the treatment of chronic pain should be considered a trial to assess efficacy. It is recommended that initiation of an opioid trial be for a limited time of typically no more than 60 days. It is recommended that the physician prescribed the lowest possible dose initially and titrate to effect. It is also recommended that a short acting opioid be tried first. A consult for CURES as well as a completion of a urine drug screen be performed prior to opioid trial. In addition, there should be a complete written patient treatment agreement adhering to the principles diagnosed. There is lack of documentation regarding a CURES report, as well as an official urine drug screen. Furthermore, there is also a lack of documentation regarding the patient trying and failing alternative, first line medications prior to opioid use. Medical necessity has not been established. Therefore, the decision for tramadol 50 mg #60 is not medically necessary. This decision addresses the medical necessity of opioids as they have been prescribed to this patient. This medical necessity decision should not be interpreted as a recommendation to stop long-term opioids abruptly and the patient is advised to speak with their treating physician. The treating physician and the patient are advised to consult the MTUS Opioids Treatment Guidelines ("Tapering opioids"), and if necessary, other relevant guidelines, regarding the most appropriate method for weaning and terminating opioids for this patient.