

Case Number:	CM13-0024877		
Date Assigned:	01/03/2014	Date of Injury:	03/18/2008
Decision Date:	03/18/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 63-year-old female with a 3/18/08 date of injury. At the time of request for authorization for Flexeril 7.5mg #60, Terocin patch #20, and EMG/NCV (electromyogram and nerve conduction studies) lower extremities, there is documentation of subjective (limiting chores and lifting to 5 pounds) and objective (lumbar spine range of motion with flexion at 40 degrees and extension at 20 degrees; tenderness along the joint line medially and laterally; positive McMurray test; and grade 5 strength) findings, imaging findings (MRI lumbar spine (5/29/13) report revealed degenerative disc disease at T11-12 through L5-S1 except at T12-L1; degenerative joint disease in the facets at L2-3 through L5-S1; and a left lateral disc protrusion at L1-2 which is adjacent to the ventral ramus of the left L1 nerve that correlated clinically for possible left L1 radiculopathy), current diagnoses (internal derangement of the knee bilaterally and discogenic lumbar condition with SI joint inflammation), and treatment to date (medications (including Flexeril since at least 5/21/13)). Regarding Flexeril, there is no documentation of acute muscle spasm and the intention to treat over a short course. Regarding EMG/NCV lower extremities, there is no documentation of subjective/objective findings consistent with radiculopathy and failure of additional conservative treatment (physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #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 Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of internal derangement of the knee bilaterally and discogenic lumbar condition with SI joint inflammation. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 5/21/13, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg #60 is not medically necessary.

Terocin Patch #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Terocin is a topical pain relief lotion that contains Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of internal derangement of the knee bilaterally and discogenic lumbar condition with SI joint inflammation. However, Terocin contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin patch #20 is not medically necessary.

EMG (electromyogram) for Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

Decision rationale: Low Back Complaints Chapter of ACOEM Practice Guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. Official Disability Guidelines (ODG) identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnosis of internal derangement of the knee bilaterally and discogenic lumbar condition with SI joint inflammation. In addition, there is documentation of conservative treatment (medications). However, there is no documentation of subjective/objective findings consistent with radiculopathy. In addition, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for EMG (electromyogram) of left lower extremity is not medically necessary.

EMG (electromyogram) of Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

Decision rationale: Low Back Complaints Chapter of ACOEM Practice Guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. Official Disability Guidelines (ODG) identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnosis of internal derangement of the knee bilaterally and discogenic lumbar condition with SI joint inflammation. In addition, there is documentation of conservative treatment (medications). There is no documentation of subjective/objective findings consistent with radiculopathy. In addition, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for EMG (electromyogram) of right lower extremity is not medically necessary.

NCV (nerve conduction velocity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

Decision rationale: Low Back Complaints Chapter of the ACOEM Practice Guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. Official Disability Guidelines (ODG) identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnosis of internal derangement of the knee bilaterally and discogenic lumbar condition with SI joint inflammation. In addition, there is documentation of conservative treatment (medications). There is no documentation of subjective/objective findings consistent with radiculopathy. In addition, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for NCV (nerve conduction velocity) of left lower extremity is not medically necessary.

NCV (nerve conduction velocity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electrodiagnostic studies.

Decision rationale: Low Back Complaints Chapter of the ACOEM Practice Guidelines identifies documentation of focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks, as criteria necessary to support the medical necessity of electrodiagnostic studies. Official Disability Guidelines (ODG) identifies documentation of evidence of radiculopathy after 1-month of conservative therapy, as criteria necessary to support the medical necessity of electrodiagnostic studies. In addition, ODG does not consistently support performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the medical information available for review, there is documentation of diagnosis of internal derangement of the knee bilaterally and discogenic lumbar condition with SI joint inflammation. In addition, there is documentation of conservative treatment (medications). There is no documentation of subjective/objective findings consistent with radiculopathy. In addition, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for NCV (nerve conduction velocity) of left lower extremity is not medically necessary.