

Case Number:	CM14-0010285		
Date Assigned:	02/21/2014	Date of Injury:	05/29/1996
Decision Date:	11/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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. The expert reviewer is Board Certified in Family Medicine 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 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/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:

This is a 54-year-old male patient who reported an industrial injury on 5/29/1996, over 18 years ago, attributed to the performance of his usual and customary job duties. The patient is being treated for the diagnoses of congenital spondylolisthesis; lumbar spine degenerative disc disease; radiculopathy; low back pain and lumbosacral spondylosis without myelopathy. The patient complains of chronic low back pain that with radiation of pain to the right lower extremity to the right foot with leg to pain that is intermittent. The patient complains of numbness in the toes of the left foot. The lower back pain is rated as 1/10. The MRI of the lumbar spine dated 9/19/2012 documented evidence of multilevel degenerative disc disease and facet arthropathy along with a L4-L5 moderate central spinal stenosis to a combination of disc and facet disease. The traversing nerve root appears to be compressed within the lateral recess. The treatment plan included an EMG/NCV of the bilateral lower extremities and topical PLO cream (unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG and NCS

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant Electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on the MRIs of the lumbar spine. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy and only documents that it appears to be compressed in the lateral recess. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproducible on examination. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE EMG/NCS for the pain management of this patient. The request for the authorization of the EMG/NCS of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. The patient was reported to have diffuse non-focal weakness to the RLE and sensory changes to the lateral RLE, which were not specified. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the Electrodiagnostic testing.

MEDS X1: PLO CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- TOPICAL ANALGESICS, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 128, Chronic Pain Treatment Guidelines anti-inflammatory medications pages 22, 67-68, muscle relaxants page 63; topical analgesics Pag. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter cyclobenzaprine; muscle relaxants; topical analgesics; topical analgesics compounded

Decision rationale: The prescription for the topical compounded analgesic PLO cream-- unspecified is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient

has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however, there is no functional assessment, and no quantitative decrease in pain documented. The use of topical compounded analgesics is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDs or the prescribed analgesics. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical compounded analgesics PLO cream--unspecified is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of topical compounded analgesic PLO cream--unspecified not supported by the applicable evidence-based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for the topical compounded analgesic PLO cream-unspecified is not medically necessary for the treatment of the patient's chronic pain complaints. The prescription of PLO cream-unspecified is not recommended by the CA MTUS; ACOEM guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate-noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the topical compounded analgesic PLO cream-unspecified for the treatment of chronic pain. By utilizing a new type of lecithin, consisting of a natural mixture of polar and non-polar lipids, MEDISCA has reformulated its traditional PLO products to give them a new lighter look and elegant feel. While still keeping true to their uniquely tailored compositions, this family of transdermal delivery vehicles combines versatility, stability and greater carrying capacities of a wide array of active ingredients. MEDISCA's PLO products are also part of an ongoing stability program whereby Beyond-Use-Dates (BUDs) of compounded preparations are continuously being challenged in accordance with USP chapter <795>. Whether it be for low or high concentrations of actives in a gel or cream vehicle, MEDISCA offers pharmacists the freedom to tailor their PLO preparations to their compounding needs, while ensuring stability and superior appearance. TRANSDERMAL PAIN BASEA highly versatile, oil-in-water PLO cream exhibiting an increased carrying capacity for both lipophilic and hydrophilic drugs and their salt forms. PLO GEL MEDIFLO 30 (PRE-MIXED)A ready-to-use transdermal base consisting of fixed ratios of Lipmax (A) and

Pluronic Gel 30% (B). Intended for higher concentrations ($\geq 10\%$), it can be used with a wide array of active ingredients. PLO GEL MEDIFLO 30 (COMPOUND KIT)A conveniently packed kit consisting of two separate components: Lipmax (A) and Pluronic Gel 30% (B). Ideal for tailoring PLO preparations, the final PLO gel provides a greater capacity for the incorporation of actives ($\geq 10\%$). PLO TRANSDERMAL CREAMWith its hydrophilicity and lipophilicity, this smooth, off-white oil-in-water emulsion supports both water and lipid soluble drug preparations in relatively low concentrations ($\leq 10\%$). PLO GEL MEDIFLO (PRE-MIXED)A ready-to-use transdermal base consisting of fixed ratios of Lipmax (A) and Pluronic Gel 20% (B). Although compatible with a wide variety of ingredients, it is intended for lower concentrations ($\leq 10\%$). PLO GEL MEDIFLO (COMPOUND KIT)A conveniently packed kit consisting of two separate components: Lipmax (A) and Pluronic Gel 20% (B). It is ideal for tailoring PLO preparations with the incorporation of lower concentration for actives ($\leq 10\%$).