

Case Number:	CM14-0011048		
Date Assigned:	02/21/2014	Date of Injury:	09/22/1999
Decision Date:	07/28/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 55-year-old male who has submitted a claim for lumbar radiculitis, and lumbar disc herniation associated with an industrial injury date of 09/22/2009. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the right lower extremity. Physical examination showed tenderness and restricted range of motion of the lumbar spine, positive Kemp's test at the right, positive Braggard's test at the right, and weakness of bilateral extensor hallucis longus. Reflexes were normal. EMG/NCV (Electromyography / Nerve Conduction Velocity) from 02/17/2011 showed L4-L5 radiculopathy on the right. MRI of the lumbar spine from 01/27/2011 showed multilevel posterior disc protrusion with bilateral recess stenosis at L4-L5 and L5-S1 levels. Treatment to date has included lumbar epidural steroid injection, physical therapy, and medications such as Tylenol, Voltaren, Prilosec, Flexeril, Ultram ER and topical products. Utilization review from 01/20/2014 denied the request for MRI of the lumbar spine, and EMG/NCS of lower extremities because there were no significant changes in symptoms or findings suggestive of pathology; denied lumbar epidural steroid injection because there was no active radiculopathy; denied Voltaren 100mg, #60 because long-term use was not recommended; denied Prilosec 20mg, #60 because there were no gastrointestinal symptoms; denied Flexeril 7.5mg, #90 because there was no evidence of acute pain or acute exacerbation of chronic pain; modified Ultram ER #30 into one-month supply for weaning purposes since there were no documented pain relief and functional improvement from its use; and denied Cyclobenzaprine/Gabapentin 10%, 30 gm. and Tramadol 20%, 30 gm. because there was no clear rationale for the use of topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Update MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Chapter, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient has persistent low back pain radiating to the right lower extremity. MRI of the lumbar spine from 01/27/2011 showed multilevel posterior disc protrusion with bilateral recess stenosis at L4-L5 and L5-S1 levels. However, there were no worsening of subjective complaints and objective findings that may warrant further investigation by repeating MRI. The medical necessity was not established. Therefore, the request for Update MRI of the lumbar spine is not medically necessary and appropriate.

EMG (Electromyography) of lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain radiating to the right lower extremity. Physical examination showed normal reflexes, positive Kemp's test at the right, positive Braggard's test at the right, and weakness of bilateral extensor hallucis longus. EMG/NCV (Electromyography / Nerve Conduction Velocity) from 02/17/2011 showed L4-L5 radiculopathy on the right. However, there were no worsening of subjective complaints and objective findings that may warrant further investigation by repeating EMG. The medical necessity was not established. Therefore, the request for electromyography (EMG) of lower extremities is not medically necessary.

NCS (Nerve Conduction Studies) of lower extremities: 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), Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS does not address NCS (Nerve Conduction Studies) specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient complained of low back pain radiating to the right lower extremity. Physical examination showed normal reflexes, positive Kemp's test at the right, positive Braggard's test at the right, and weakness of bilateral extensor hallucis longus. EMG/NCV (Electromyography / Nerve Conduction Velocity) from 02/17/2011 showed L4-L5 radiculopathy on the right. However, there were no worsening of subjective complaints and objective findings that may warrant further investigation by repeating NCV. The medical necessity was not established. Moreover, clinical manifestations strongly indicate radiculopathy; hence, NCV is not recommended as stated in the guidelines. Therefore, the request for nerve conduction velocity (NCV) study of the lower extremities is not medically necessary.

Lumbar spine ESI (Epidural Steroid Injection) to be determined after diagnostic testing:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, patient has persistent low back pain radiating to the right lower extremity. Physical examination showed normal reflexes, positive Kemp's test at the right, positive Braggard's test at the right, and weakness of bilateral extensor hallucis longus. MRI of the lumbar spine from 01/27/2011 showed multilevel posterior disc protrusion with bilateral recess stenosis at L4-L5 and L5-S1 levels. Previous ESI in 2010 provided him 100% pain relief for 3 months. Repeat ESI may be a reasonable option; however, the request failed to specify the level and laterality intended for injection. The request is incomplete; therefore, the request for Lumbar spine ESI (Epidural Steroid Injection) to be determined after diagnostic testing is not medically necessary and appropriate.

Voltaren 100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, Non-Steroid Anti-Inflammatory Drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the exact initial date of Voltaren prescription is unknown due to lack of documentation. There is no clear indication for Non-Steroid Anti-Inflammatory Drug (NSAID) use since there has been no evidence of acute pain exacerbation. Therefore, the request for Voltaren 100mg, #60 is not medically necessary and appropriate.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs (Non-Steroidal Anti Inflammatory Drugs) against both GI(Gastro Intestinal) and cardiovascular risk factors: age more than 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA (Acetylsalicylic Acid), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, there was no report that patient was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Prilosec 20mg, #60 is not medically necessary.

Flexeril 7.5mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for

short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there was no evidence of acute pain exacerbation. Physical examination likewise failed to document presence of muscle spasm. There is no clear rationale for this request. Therefore, the request for Flexeril 7.5mg, #90 is not medically necessary.

Ultram ER #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids since August 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Ultram ER #30 is not medically necessary.

Cyclobenzaprine/Gabapentin 10%, 30 gm: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. Gabapentin is not recommended for use as a topical analgesic. In this case, patient has been using this topical product since August 2013. However, there was no objective evidence of intolerance to oral pain medications that would warrant the use of a topical agent. The noted compound medication is likewise not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Cyclobenzaprine/Gabapentin 10%, 30 gm is not medically necessary.

Tramadol 20%, 30gm: Upheld

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

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

Decision rationale: Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. The topical formulation of tramadol does not show consistent efficacy. In this case, patient has been using this topical product since August 2013. However, there was no objective evidence of intolerance to oral pain medications that would warrant the use of a topical agent. There is likewise no discussion concerning need to provide multiple topical medications in this case. Functional benefits derived from its use were not documented. Therefore, the request for Tramadol 20%, 30 gm. is not medically necessary.