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| <b>Case Number:</b>   | CM14-0016216 |                              |            |
| <b>Date Assigned:</b> | 04/14/2014   | <b>Date of Injury:</b>       | 01/07/2009 |
| <b>Decision Date:</b> | 05/28/2014   | <b>UR Denial Date:</b>       | 01/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/10/2014 |

### 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 Occupational 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a [REDACTED] employee who has filed a claim for fibromyalgia associated with an industrial injury of January 07, 2009. Thus far, the patient has been treated with opioids, Gabapentin, muscle relaxant, sedatives, physical therapy, home exercise. Patient had L5-S1 Laminectomy but still complains of persistent back pain. Patient also had partial Achilles tear with surgery, multiple knee surgeries, and forearm surgeries. In a utilization review report of January 31, 2014, the claims administrator denied a request for keto/cyclo/diclo/gaba/orp (KCDGOT) as it is not recommended; Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the lower extremities as there is no documentation of failure of conservative management; and trigger point injection of the left piriformis as there is no indication of a trigger point finding. Review of progress notes shows worsening low back pain with tenderness in the paraspinal, thoracic, lumbar, and Sacroiliac Joint (SI) joint areas and radiation to bilateral lower extremities. There are positive findings for lower extremity radiculopathy, bilaterally. There is also pain of the right piriformis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETO / CYCLO / DICLO / GABA / ORP (KCDGOT) 240GM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Topical Analgesics- Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Diclofenac, topical (Flector, Pennsaid, Voltaren Gel).

**Decision rationale:** KCDGOT contains ketamine 10%, cyclobenzaprine 2%, diclofenac 3%, gabapentin 6%, orphenadrine 5%, and tetracaine 2%. Cyclobenzaprine and orphenadrine are muscle relaxants. As noted on page 112-113 of the Chronic Pain Medical Treatment Guidelines, 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. Topical ketamine has only been studied for use in non-controlled studies for Complex Regional Pain Syndrome (CRPS) I and post-herpetic neuralgia and both have shown encouraging results. According to ODG, topical diclofenac is recommended as an option for patients at risk of adverse effects from oral Non-Steroidal Anti-Inflammatory Drugs (NSAID). This patient has been on this medication since at least July 2013. There is no rationale supporting the use of these medications in this patient, more so in combination. Therefore, the request for keto/cyclo/diclo/gaba/orp (KCDGOT) was not medically necessary per the guideline recommendations of MTUS.

**EMG OF THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**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, Electromyography (EMG).

**Decision rationale:** The Expert Reviewer's decision rationale: Page 303 of the California MTUS ACOEM Low Back Chapter state that electromyography is used to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, patient presents with subjective symptoms and objective findings consistent with lower extremity radiculopathy with permanent neurologic deficits. Therefore, the request for EMG of the right lower extremity was not medically necessary per the guideline recommendations of MTUS.

**EMG OF THE LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**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, Electromyography (EMG).

**Decision rationale:** The Expert Reviewer's decision rationale: As noted on page 303 of the MTUS ACOEM Guidelines, EMGs are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, patient presents with subjective symptoms and objective findings consistent with lower extremity radiculopathy with permanent neurologic deficits. Therefore, the request for EMG of the left lower extremity was not medically necessary per the guideline recommendations of MTUS.

**NCV OF THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**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:** CA MTUS does not address NCV of the lower extremities 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. ODG states that nerve conduction studies are not recommended when the patient is presumed to have radiculopathy. In this case, patient presents with subjective symptoms and objective findings consistent with lower extremity radiculopathy with permanent neurologic deficits. Therefore, the request for NCV of the right lower extremity was not medically necessary per the guideline recommendations of ODG.

**NCV OF THE LEFT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**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 Expert Reviewer's decision rationale: The CA MTUS does not address NCV of the lower extremities 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. ODG states that nerve conduction studies are not recommended when the patient is presumed to have radiculopathy. In this case, patient presents with subjective symptoms and objective findings consistent with lower extremity radiculopathy with no neurologic deficits. Therefore, the request for NCV of the right lower extremity was not medically necessary per the guideline recommendations of ODG.

**TRIGGER POINT INJECTION SINLGE LEFT PIRIFORMIS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, page 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 122.

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome with circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; medical management therapies have failed; radiculopathy is not present; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In this case, there is no description of circumscribed trigger points in the patient. In addition, documentation indicates pain of the right piriformis. Therefore, the request for trigger point injection to the left piriformis was not medically necessary per the guideline recommendations of MTUS.