

Case Number:	CM14-0116158		
Date Assigned:	08/04/2014	Date of Injury:	03/18/2008
Decision Date:	09/23/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/23/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 64-year-old female who reported an injury on 03/18/2008. The mechanism of injury was not provided for clinical review. The diagnoses include internal derangement of bilateral knees, discogenic lumbar conditions with disc disease, element of depression and element of sleep deprivation. Previous treatments include medication and surgery. Within the clinical note dated 05/22/2014, it was reported the injured worker complained of pain rated 7/10 in severity. The injured worker complained of pain in the bilateral knees. She reported right knee pain is worse than left. The injured worker complained of numbness, and tingling which increases with walking. Upon the physical examination, the provider noted the injured worker's left lower extremity extended to 180 degrees and flexed to 120 degrees. The right lower extremity extended to 180 degrees, and flexed at 100 degrees. The lumbar extension was noted to be 15 degrees and flexion at 50 degrees. The provider requested an EMG/NCV, Terocin patch for pain, LidoPro lotion for pain, Flexeril, Norco for pain, and tramadol for pain. The Request for Authorization was submitted and dated on 05/22/2014 and 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram Bilateral Lower Extremities #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines note an electromyography study is useful to assist with identification of neurological dysfunction in injured workers with low back symptoms when examination findings are unclear. The guidelines recommend the documentation of failure of conservative care to alleviate symptoms. Electromyography, including H reflex test, may be useful to identify subtle, focal neurologic dysfunction in injured workers with low back symptoms lasting more than 3 to 4 weeks. There is lack of significant neurological deficits, such as decreased sensation of motor strength in a specific dermatomal, or myotomal distribution. There is also a lack of documentation indicating the injured worker tried and failed on conservative therapy. Therefore, the request for Electromyogram Bilateral Lower Extremities #1 is not medically necessary.

Nerve Conduction Velocity Bilateral Lower Extremities #1: Upheld

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

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, Nerve Conduction Studies.

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when the injured worker is presumed to have symptoms on the basis of radiculopathy. There is lack of significant documentation of neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is also a lack of documentation indicating the injured worker tried and failed on conservative therapy. Therefore, the request for a Nerve Conduction Velocity Bilateral Lower Extremities #1 is not medically necessary.

Terocin Patch #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Terocin Patch #20 is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2014, which exceeds the

guidelines recommendations of short term use of 4 to 12 weeks. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Lidopro Lotion 4oz #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2014, which exceeds the guidelines recommendations of short term use of 4 to 12 weeks. The request submitted failed to provide the frequency of the medication. Therefore, the request for Lidopro Lotion 4oz #1 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been utilizing the medication since at least 01/2014, which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. The request as submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for Flexeril 7.5mg #60 is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing the medication since at least 01/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request for Norco 10/325mg #60 is not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker has been utilizing the medication since at least 01/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request for Tramadol ER 150mg #30 is not medically necessary.