

Case Number:	CM14-0169682		
Date Assigned:	10/17/2014	Date of Injury:	11/24/2009
Decision Date:	11/20/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/14/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 64-year-old male with date of injury of 11/24/2009. The listed diagnoses per [REDACTED] from 07/28/2014 are: 1. Bilateral rotator cuff syndrome. 2. Bilateral surgical spine syndrome. 3. Bilateral lower radiculitis. 4. Status post right shoulder surgery from 2009. 5. Status post left shoulder surgery from 2010. 6. Status post lumbar spine surgery (transforaminal lumbar interbody fusion at L4 through S1 from December 2012). According to this report, the patient complains of back pain at a rate of 6/10 with no reported change in symptoms since his last visit. His current list of medications includes tramadol and omeprazole. The objective findings show the patient is well-nourished in no acute distress. The patient's gait is deliberate and short in stride and width. Seated straight leg raise and supine straight leg raise testing were positive on the right, negative on the left. Milgram's test, Minor's sign, and Kemp's test were positive bilaterally. Heel and toe walking were positive on the right and negative on the left. Facet loading sign bilateral left lowering test, double-leg raise test and hyperextension test were positive bilaterally. Motor strength is 5-/5 on the left L3-L4, L4-L5, and L5-S1. Motor strength at L2 nerve root is 5/5 on the left. Motor strength is 4+/5 on the right L4-L5 to S1, and 5/5 on the right L2-L3. Sensation is normal on the right lower extremities and hypoesthesia at L4-L5 and S1 on the left. The utilization review denied the request on 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

. EMG/NCS (Electromyogram/Nerve Conductive Study) of the bilateral lower extremities:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation MTUS Official Disability Guideline (ODG) Low Back chapter, Nerve Conductive Study (NCS).

Decision rationale: This patient presents with chronic back pain. The provider is requesting an EMG/NCS of the bilateral lower extremities. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low-combined sensitivity and specificity in confirming root injury. The records do not show any previous EMG/NCV of the bilateral lower extremities. The MRI from 05/31/2014 of the lumbar spine showed degenerative changes and hypertrophy at L2-L3 with 3 to 4 mm central left paracentral and left neuroforaminal broad-based disk protrusion with mild spinal stenosis. At L3-L4, there is a left paracentral and left neuroforaminal 2 to 3 mm broad-based disk protrusion with moderate narrowing of the thecal sac. The examination shows positive straight leg raise on the right with a positive Milgram's test, Minor's test, and Kemp's test. Given that the patient has not had an EMG/NCS of the bilateral lower extremities, the request is reasonable to rule out other pathology. Therefore, EMG/NCS (electromyogram/nerve conductive study) of the bilateral lower extremities is medically necessary and appropriate.

One prescription of topical compound FCL (Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% # 180 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.

Decision rationale: This patient presents with chronic back pain. The provider is requesting a prescription for a topical compound FCL. The MTUS Guidelines page 111 on topical analgesic states that it is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical compound contains cyclobenzaprine, a muscle relaxant

which is not recommended in topical formulation. In addition, Lidocaine in a form of a cream, lotion, or a gel is currently not supported by the MTUS Guidelines. Therefore, the prescription of topical compound FCL (Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% # 180gm is not medically necessary and appropriate.

One urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Urine Drug Testing (UDS).

Decision rationale: This patient presents with chronic back pain. The provider is requesting 1 urine toxicology screen. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG Guidelines provide clear documentations. The records do not show any recent or previous urine drug screen. The patient's current list of medications includes Tramadol and Prilosec. The utilization review denied the request stating, "according to the records, the patient is prescribed Tramadol, but his most recent urine screen was ordered in June 2014. Guidelines recommend yearly drug screen in patients with low-risk opiate abuse. In this case, additional testing this soon after the June 2014 test is not medically necessary." The provider does not provide opiate risk assessment for this patient to determine how often UDS are to be obtained. Therefore, once yearly urine toxicology screening, on random basis, is reasonable given the patient's opiate intake. Once a year, random drug testing can result in a 2 UDS in a row. Given that the records do not show any recent urine drug screen, the request would appear reasonable. Therefore, one urine toxicology screen is medically necessary and appropriate.