

Case Number:	CM14-0028370		
Date Assigned:	06/20/2014	Date of Injury:	12/14/2013
Decision Date:	08/14/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/06/2014

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 49-year-old female who reported an injury on 12/14/2013. The mechanism of injury was not provided within the documentation. Prior treatments included chiropractic care and medications. The injured worker's diagnoses were noted to be cervicogenic headaches, signs and symptoms of radiculopathy to the left upper extremity, and signs and symptoms of radiculopathy to the left lower extremity. A primary treating physician's progress report dated 03/24/2014 indicated the injured worker with signs and symptoms of left upper extremity and left lower extremity pain. She had high blood pressure, denied shortness of breath, chest pain, blurry vision, or any other symptoms. It was noted that chiropractic therapy had improved symptoms by decreasing pain and improving function. The physical examination noted the injured worker had mild distress; she had difficulty rising from sitting; movement was stiff; cervical, thoracic, and lumbosacral areas all presented with tenderness; spasms were noted throughout the lumbosacral region. The treatment plan included chiropractic care 2 times per week times 3 weeks. The injured worker was to be referred to internal medicine regarding hypertension. The medication prescribed was Diclofenac ER 100 mg. The provider's rationale for the requests submitted for this review were not indicated on the most recent primary treating physician's progress report. A Request for Authorization of medical treatment was not provided within this documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an electromyogram (EMG) of the cervical spine is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine Guidelines address special studies and diagnostic treatment considerations. For most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation provided for review does not indicate the injured worker with damage to muscle tissue, nerves, or junctions between the two. The observation did not note decreased motor strength, decreased sensation, or a positive Spurling's. According to the guidelines, the documentation does not provide enough clinical findings to warrant this imaging study. Therefore, the request for an electromyogram (EMG) of the cervical spine is not medically necessary.

Nerve Conduction Velocity (NCV) of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for a Nerve Conduction Velocity (NCV) of the cervical spine is non-certified. The California MTUS/American College of Occupational and Environmental Medicine Guidelines address special studies and treatment considerations. For most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation provided for review does not indicate the injured worker with damage to muscle tissue, nerves, or junctions between the two. The observation did not note decreased

motor strength, decreased sensation, or a positive Spurling's. According to the guidelines, the documentation does not provide enough clinical findings to warrant this imaging study. Therefore, the request for a Nerve Conduction Velocity (NCV) of the cervical spine is non-certified.

Electromyogram (EMG) of the lumbar spine: 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): 303-305.

Decision rationale: The request for an electromyogram (EMG) of the lumbar spine is non-certified. The California MTUS/American College of Occupational and Environmental Medicine Guidelines address special studies and diagnostic and treatment considerations for low back complaints. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The primary treating physician's progress report on 03/24/2014 does not provide an adequate neurologic examination to warrant imaging. The evaluation lacks objective findings of damaged muscle tissue, nerves, or junctions between the two. The findings do not indicate decreased motor strength, decreased sensation, or a positive straight leg raise. In addition, it was not noted that conservative care has failed. Therefore, the request for an electromyogram (EMG) of the lumbar spine is non-certified.

Nerve Conduction Velocity (NCV) of the lumbar spine: 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): 303-305.

Decision rationale: The request for a nerve conduction velocity (NCV) of the lumbar spine is non-certified. The California MTUS/American College of Occupational and Environmental Medicine Guidelines address special studies and diagnostic and treatment considerations for low back complaints. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The primary treating physician's progress report on 03/24/2014 does not provide an adequate neurologic examination to warrant imaging. The evaluation lacks objective findings of damaged muscle tissue, nerves, or junctions between the two. The findings do not indicate decreased motor strength, decreased sensation, or a positive

straight leg raise. In addition, it was not noted that conservative care has failed. Therefore, the request for a nerve conduction velocity (NCV) of the lumbar spine is non-certified.

Prescription of compounded Cyclo-Keto-Lido cream 240gm with 1 refill: 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): 111-112.

Decision rationale: The request for a prescription of compounded Cyclobenzaprine-Ketoprofen-Lidocaine cream 240 gm with 1 refill is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The requested prescription of compounded Cyclobenzaprine-Ketoprofen-Lidocaine cream contains Lidocaine. Topical Lidocaine in the formulation of a dermal patch is recommended for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. According to the primary treating physician's progress report, it is not documented that there has been a failed trial of antidepressants or anticonvulsants. In addition, the clinical evaluation fails to provide an adequate neuropathic pain assessment. The request does not provide a location for application of the cream or a frequency. Therefore, the request for a prescription of compounded Cyclobenzaprine-Ketoprofen-Lidocaine cream 240 gm with 1 refill is non-certified.

Prescription of Prilosec 20mg, #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for a prescription of Prilosec 20 mg, quantity of 30, with 1 refill is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines recommended proton pump inhibitors for injured workers who have an intermediate or a high risk for gastrointestinal events with no cardiovascular disease. It was not noted in the most recent primary treating physician's progress report that the injured worker is using NSAIDs. It was also not noted in the objective findings that the injured worker has any gastrointestinal events. In

addition, the request failed to provide a frequency. Therefore, the request for a prescription of Prilosec 20 mg, quantity of 30, with 1 refill is non-certified.

Prescription of Toprophan #30 with 1 refill: 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) Pain, Medical Food.

Decision rationale: The request for a prescription of Toprophan, quantity of 30, with 1 refill is non-certified. The Official Disability Guidelines recommend medical food when it meets the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; and (3) the product must be used under medical supervision. According to the manufacturer, topoprophan is a medical nutritional supplement consisting of vitamin B-6, L-Tryptophan, chamomile, valerian extract, melatonin, and other ingredients. The combination of these ingredients may aid injured workers in falling asleep and staying asleep. The primary treating physician's progress report did not indicate any objective findings that the injured worker has signs and symptoms of insomnia. The treatment plan does not indicate an order of medically supervised Toprophan. The request fails to provide a frequency. As such, the request for a prescription of Toprophan, quantity of 30, with 1 refill is non-certified.