

Case Number:	CM14-0031936		
Date Assigned:	06/20/2014	Date of Injury:	08/04/2012
Decision Date:	08/18/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/05/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 4, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation, muscle relaxants, a walker and earlier MRI imaging of December 5, 2012, notable for low-grade disk bulge at L5-S1 of uncertain clinical significance. In a Utilization Review Report dated February 5, 2014, the claims administrator denied a request for electrodiagnostic testing of bilateral lower extremities, Vicodin, Flexeril, Lidoderm, Colace, and Gabapentin, citing lack of supporting documentation. The applicant's attorney subsequently appealed. On February 9, 2014, the applicant apparently presented to the emergency department with persistent low back pain radiating into the bilateral lower extremities. The applicant was using Norco, Ultram, Baclofen, and Motrin for pain relief, it was stated. The applicant was apparently uncomfortable in the ED setting, was treated, observed, and discharged in reportedly stable condition. On May 28, 2014, the applicant was described as having persistent complaints of low back pain and spasm. The applicant was concurrently seeing a psychiatrist, it was stated. The applicant appeared depressed. The applicant exhibited an antalgic gait with 5/5 lower extremity strength. Lorzone, Amrix, Vicodin, Colace, Lidoderm, Neurontin, and a Toradol injection were provided. The applicant was asked to pursue an epidural steroid injection. The applicant was described as already permanent and stationary. The applicant did not appear to be working. There was no discussion of medication efficacy at this point. In a progress note of June 16, 2014, the applicant was again described as having persistent complaints of low back pain. The applicant was complaining difficulty obtaining authorization for medication. The applicant was using a walker. The applicant stated that usage of the medications allowed him to walk and sit with greater ease. The applicant was having psychological issues, it was acknowledged. The attending provider

noted that the applicant had 4+/5 lower extremity strength on this occasion owing to low back pain. Limited range of motion was noted. The applicant had palpable muscle spasms. The attending provider stated that the applicant needed psychiatric treatment. The attending provider stated that electrodiagnostic testing was needed to help document objective evidence of radiculopathy so as to make a case for epidural steroid injection therapy. On April 17, 2014, the applicant reported marked weakness about the bilateral lower extremities requiring usage of a walker for even a few steps with ambulation. The applicant exhibited an antalgic gait. It was stated that the applicant was not receiving all of the previously furnished medications. It was stated that omeprazole was being used for stomach protective purposes while Colace was being employed to combat constipation associated with opioid usage. On April 2, 2014, it was stated that the applicant was using some medications, including Vicodin, which he is paying for out of pocket owing to lack of authorization. The applicant reported pain ranging from 8-10/10 which often took him to the emergency department. It was difficult to assess the applicant's lower extremity strength owing to pain, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the bilateral lower extremities: Overturned

Claims Administrator 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 Chapter, Electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "recommended" to clarify diagnosis of suspected nerve root dysfunction. In this case, the applicant has had earlier MRI imaging of the lumbar spine which was equivocal and failed to uncover a clear source for the applicant's ongoing low back and lower extremity symptoms. Obtaining EMG testing to help definitively establish a possible diagnosis of lumbar radiculopathy is indicated. Therefore, the request is medically necessary.

Nerve Conduction Study (NCS) of the bilateral lower extremities: Upheld

Claims Administrator 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 Chapter, Nerve Conduction Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Low Back Chapter, Electromyography section.

Decision rationale: The California MTUS does not address the topic of nerve conduction testing of the lower extremities for a primary low back complaint. As noted in the Third Edition

ACOEM Guidelines Low Back Chapter, Electromyography section, Nerve conduction testing is usually normal in radiculopathy. While nerve conduction testing can be endorsed to help rule out another diagnosis such as generalized peripheral neuropathy or compression neuropathy which could mimic sciatica, in this case, however, the applicant has no significant medical history. The applicant does not have a systemic disease process such as diabetes or hypothyroidism which might make a lower extremity peripheral neuropathy more likely. Therefore, the request is not medically necessary.

Prescription of Vicodin 10/300mg, #90, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant's pain complaints appear to be heightened and are consistently scored as in the 8-10/10 range, despite ongoing medication usage. There is no concrete evidence of any improvements in function achieved as a result of ongoing Vicodin usage. Therefore, the request is not medically necessary.

Prescription of Flexeril 10mg, #30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating Muscle Relaxants Page(s): 63.

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

Decision rationale: As noted on page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using a variety of other analgesic and adjuvant medications. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Prescription of Lidoderm Patch 5%, #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm Patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section. MTUS 9792.20f. Page(s): 112, 7.

Decision rationale: While page 112 of the California MTUS Chronic Pain Medical Treatment Guidelines does support usage of topical Lidocaine for neuropathic pain in applicants in whom there has been a trial of first-line therapy with anticonvulsants and/or antidepressants, in this case, however, the applicant has already been using Lidocaine for some time. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant's ongoing usage of Lidoderm has failed to generate any lasting benefit or functional improvement as defined in MTUS 9792.20f. The applicant remains off of work. The applicant's permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on opioids such as Vicodin. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing Lidoderm usage. Therefore, the request is not medically necessary.

Prescription of Colase 100mg, #60 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Docusate): Peer-Reviewed Literature "Management of Opioid-Induced Gastrointestinal Effects: Treatment".

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section. Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment is indicated in applicants using opioid. In this case the applicant is reporting active symptoms of constipation with ongoing opioid therapy. Ongoing usage of a laxative/stool softener, Colace, is indicated to combat the same. Therefore, the request is medically necessary.

Prescription of Gabapentin 100mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin should be asked at each visit as to whether there has been an improvement in pain or function. In this case, however, there has been no evidence of any improvements in pain or function achieved through ongoing Gabapentin usage. The applicant is off of work. There is no evidence of any concrete improvements in pain or function achieved as a result of ongoing Gabapentin usage. The fact that the applicant remains reliant and highly dependent on opioids such as Vicodin and the fact that the applicant is still using a walker to move about owing to heightened pain complaints implies that ongoing usage of Gabapentin

has not produced requisite improvements in pain or function to justify continuation of the same. Therefore, the request is not medically necessary.