MAXIMUS Federal Services

Case Number:	CM14-0047168		
Date Assigned:	08/08/2014	Date of Injury:	10/31/2011
Decision Date:	09/11/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family Medicine and is licensed to practice in Utah. 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 45 or 53, both stated with DOB lacking, year-old male. The patient's date of injury is 10/31/2011. The mechanism of injury was lifting boxes.The patient has been diagnosed with status/post L4-L5 laminectomy/discectomy. The patient's treatments have included acupuncture, surgery, imaging studies, physical therapy and medications.The physical exam findings, dated Sept 12, 2013 show the thoracic spine as tender, with mild asymmetry and mild spasm on range of motion. The low back was noted as having a scar, well healed, a mild antalgic gait, with tenderness over the lumbar spinous processes. Neurological findings show a decreased area over the L5 area at 4 of 5, but otherwise intact sensation in the lower legs. Muscles testing were reported as 4.5 of 5 in the EHL muscle on the right, with the other reflexes and motor functions reported as normal. Reflexes were reported as normal. The patient's medications are not stated in the clinical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Ketoprofen/Lido Cream 240gms with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Topical NSAIDs.

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

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Cyclobenzaprine/Ketoprofen/Lido Cream.The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is not currently recommended.The request for Cyclobenzaprine/Ketoprofen/Lido Cream is not medically necessary.

Internal Medicine Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas at Austin, School of Nursing Family Practitioner Program - Recommendations in primary care. - 2013 May 17 p. [38 references].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x General Approach to Initial Assessment and Documentation, page 22,Independent Medical Examinations and Consultations, chapter 7 Page(s): 22.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Internal Medicine consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The clinical documents lack documentation that what has been done for the patient, and the exact reason for the referral. It is unclear what medications have been tried, prior to the referral.According to the clinical documentation provided and current MTUS guidelines; Internal Medicine consultation is not indicated as a medical necessity to the patient at this time.

Electromyography (EMG) of the Cervical Spine, Lumbar Spine, and Bilateral Upper and Lower Extremities: 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 Chronic Pain Treatment Guidelines Neck and Upper Back Complaints Page(s): 177-188.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Electromyography (EMG) of the Cervical Spine, Lumbar Spine, and Bilateral Upper and Lower Extremities.It is not clear at this time why the Electromyography of the left upper extremity study is being requested, and what specific diagnosis is trying to be ruled out. There is no clinical evidence in the documentation

provided that her neurological findings are changing or worsening. There are no "red flag symptoms" noted in the clinical documents, indicating a need for the study. According to the clinical documentation provided and current MTUS guidelines; The request as is, Electromyography (EMG) of the Cervical Spine, Lumbar Spine, and Bilateral Upper and Lower Extremities, is not indicated as a medical necessity to the patient at this time.

Nerve Conduction Velocity (NCV) of the Cervical Spine, Lumbar Spine, and Bilateral Upper and Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-188.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Nerve Conduction Velocity (NCV) of the Cervical Spine, Lumbar Spine, and Bilateral Upper and Lower Extremities.It is not clear at this time why the NCV of the left upper extremity study is being requested, and what specific diagnosis is trying to be ruled out. There is no clinical evidence in the documentation provided that her neurological findings are changing or worsening. There are no "red flag symptoms" noted in the clinical documents, indicating a need for the study. According to the clinical documentation provided and current MTUS guidelines; The request as is, Nerve Conduction Velocity (NCV) of the Cervical Spine, Lumbar Spine, and Bilateral Upper and Lower Extremities, is not indicated as a medical necessity to the patient at this time.