

Case Number:	CM14-0070215		
Date Assigned:	07/14/2014	Date of Injury:	01/05/2009
Decision Date:	08/26/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 Physical Medicine and Rehabilitation 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 records presented for review indicate that this 59 year-old individual was reportedly injured on 1/5/2009. The mechanism of injury is not listed in these records. The most recent progress note, dated 1/3/2014, indicates that there are ongoing complaints of chronic low back pain that radiates to bilateral lower extremities. The physical examination is handwritten and only partially illegible: positive bilateral straight leg raise, positive joint line tenderness at left knee and lumbar spine paravertebrals, and limited flexion of the lumbar spine. Diagnostic imaging studies include an electrodiagnostic report from 4/11/2014 reveal left L2 lateral femoral continues nerve 1+ mild, right L3 femoral cutaneous nerve +1 mild , right L5 parallel nerve -1 hyper, right S1 Sural nerve +1 hyper. Previous treatment includes medications, and conservative treatment. A request had been made for current perception threshold (CPT) of the lower extremities, Voltaren gel, and Tramadol 50 mg, quantity 90, and was not certified in the pre-authorization process on 4/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Current Perception Threshold (CPT) of Lower Extremities: 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) Low Back - Lumbar & Thoracic (Acute & Chronic) Current Perception Threshold (CPT) Testing (Updated 7/3/2014).

Decision rationale: According to the ODG guidelines, current perception threshold (CPT) testing is not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. The American Academy of Neurology (AAN) and the American Association of Electrodiagnostic Medicine (AAEM) have both concluded that quantitative sensory threshold (QST) testing standards need to be developed and that there is as yet insufficient evidence to validate the usage of current perception threshold (CPT) testing. After review the medical records provided as well as ODG guidelines, this diagnostic study is deemed not medically necessary.

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. After review of the medical records provided, there is no documentation of failure of first-line treatments, or evidence of neuropathic pain on physical exam. Therefore, this request is deemed not medically necessary.

Tramadol 50 mg Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 82 and 113.

Decision rationale: MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records, it fails to document any improvement in function or pain level with the previous use of Tramadol. Therefore, Tramadol 50mg, quantity 90 is not considered medically necessary.