

<b>Case Number:</b>	CM14-0077928		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 40-year-old male with a date of injury of 05/24/2013. The listed diagnosis per [REDACTED] is lumbago. According to progress report 04/07/2014, the patient presents with continued low back pain with radiating pain to the bilateral thighs with numbness and cramping. Physical examination revealed thrombotic thrombocytopenic purpura (TTP) over vertebrae with 3+ paraspinal muscles. This report is handwritten and partially illegible. A report dated 03/06/2014 states the patient complains of low back pain with bilateral lower extremity radicular pain. Low back pain is rated as 4/10. Examination revealed limited range of motion of the lumbar spine and positive Kemp's test and straight leg raise test bilaterally. The provider is requesting Terocin patches, urine drug screen, EMG/NCV of the lower extremity, and a functional capacity evaluation. Utilization review denied the request on 04/30/2014. Treatment reports from 11/21/2013 through 04/07/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terocin patches: Menthol 4%, Lidocaine 4%, (no quantity provided): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/terocin.html>

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

**Decision rationale:** This patient presents with persistent low back pain that radiates into the bilateral lower extremity. The request is for Terocin patches. Terocin includes Salicylate, Capsaicin, Menthol, and Lidocaine. The MTUS Guidelines page 112 under Lidocaine, "Indications are of neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first-line therapy. Topical Lidocaine in the formulation of a dermal patch that has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy." Report 03/06/2014 indicates the patient has "hx of bilateral wrist and hand pain." There is no physical examination or discussion of the wrist or hand. In this case, the patient does not present with "localized peripheral pain." The provider appears to be prescribing these patches for patient's low back pain, which is not supported by the guidelines. The requested Terocin lotion is not medically necessary.

**Advanced DNA Med Collection Kit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Genetic Testing

**Decision rationale:** This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The request is for Advanced DNA Medicated Collection Kit. The MTUS and ACOEM Guidelines do not discuss genetic testing. However, Official Disability Guidelines under its Pain Chapter has the following regarding Genetic Testing for potential opiate abuse, "not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent with inadequate statistics and largely phenotype range." The requested DNA testing is not medically necessary.

**Urine Drug Testing:** 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 chapter, Urine drug screening

**Decision rationale:** This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The provider is requesting a urine drug testing. While MTUS Guidelines do not specifically discuss how frequent UDS should be obtained for various risks of opiate users, Official Disability Guidelines provide clear recommendation. It recommends once

yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. The patient's medication regimen includes cyclobenzaprine, naproxen, omeprazole, and topical compound cream. In this case, a urine drug screen is not medically necessary, as the patient is not taking opioids.

**Nerve Conduction Velocity (NCV) Test of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 Chapter, NCV Studies

**Decision rationale:** This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The request is for NCV (nerve conduction velocity test), bilateral lower extremities. The MTUS and ACOEM do not discuss NCS. However, Official Disability Guidelines under its low back chapter has the following regarding NCV studies: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013)" Review of the medical file does not indicate that the patient has had an EMG or NCV in the past. In regard to NCV studies, Official Disability Guidelines states, Nerve conduction studies (NCS) are not recommended for low back conditions. This presents with low back pain and the provider does not raise any suspicion for peripheral neuropathy, plexopathy or other neuropathies other than radicular symptoms to consider NCV studies. Therefore, this request is not medically necessary.

**Electromyography (EMG) of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS 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, Electrodiagnostic Studies

**Decision rationale:** This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The provider is requesting an EMG (electromyography), bilateral lower extremities. ACOEM Guidelines page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks." Official Disability Guidelines under its low back chapter has the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious." In this case, the patient

has not had an EMG in the past and it appears the provider is requesting one to confirm radiculopathy. Given patient's continued low back pain with radicular symptoms, an EMG for further investigation is within guidelines. Therefore, this request is medically necessary.

**Initial Functional Capacity Evaluation (FCE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 137-139, Functional Capacity Evaluations

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting an initial functional capacity evaluation. The provider does not provide a rationale for this request. ACOEM Guidelines, pages 137 and 139 do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster request for it, or if the information from FCEs is crucial. A routine FCE is not supported, and in this case, the provider does not discuss why it is crucial. Therefore, this request is not medically necessary.