MAXIMUS Federal Services

Case Number:	CM14-0099942		
Date Assigned:	07/28/2014	Date of Injury:	07/31/1991
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/30/2014

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 Texas and Ohio. 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 54-year-old male who reported an injury on 07/31/1991 due to an unknown mechanism of injury. The injured worker ultimately developed chronic low back pain that was managed by a spinal cord stimulator and multiple medications. The injured worker underwent spinal cord stimulator removal on 04/15/2014. The injured worker was evaluated on 05/19/2014. It was documented that the injured worker had continued low back pain radiating into the left lower extremity. The injured worker reported pain levels to be at a 7/10, exacerbated by prolonged activities. It was noted that the injured worker's medications included Norco 10/325 mg. It was noted that the injured worker's medications assisted with pain reduction and increase in functional activity. Physical findings included a positive FABERE's test bilaterally with decreased sensation in the right L4-5 and S1 dermatomal distribution with 4+/5 motor strength and plantar flexion and extensor hallucis longus. The injured worker's diagnoses included failed back syndrome, right lumbar radiculopathy, sacroilitis, and status post spinal cord implant removal. A request was made for electrodiagnostic study of the bilateral lower extremities, as the last study was conducted in 1992. Additionally, it was requested that the injured worker be provided a refill of medications. A prescription was provided of Terocin patches to reduce oral intake of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The requested Norco 10/325mg #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of a decrease in pain or functional benefit to support continued use of this medication. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. Therefore, the requested Norco 10/325mg #120 is not medically necessary or appropriate.

Terocin pain patches 2 boxes: 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 Page(s): page(s) 111.

Decision rationale: The requested Terocin pain patches 2 boxes is not medically necessary or appropriate. The requested medication is a compounded medication that contains menthol, methyl salicylate, lidocaine, and capsaicin. The California Medical Treatment Utilization Schedule does recommend the use of menthol and methyl salicylate in the management of osteoarthritic pain. California Medical Treatment Utilization Schedule recommends the use of lidocaine in a patch after the injured worker has failed to respond to oral formulations of anticonvulsants. The clinical documentation does not provide any evidence that the injured worker has failed a trial of oral anticonvulsants and requires the use of topical lidocaine. Additionally, the California Medical Treatment Utilization Schedule recommends the use of capsaicin as a topical analgesic be limited to injured workers who have failed to respond to first line treatments for chronic pain. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to respond to anticonvulsants or antidepressants. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment or dosage. Therefore, the appropriateness of the request itself cannot be determined. Therefore, the requested Terocin pain patches 2 boxes is not medically necessary or appropriate.

Electromyogram (EMG) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensation (TWC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested Electromyogram (EMG) Bilateral Lower Extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for the lower extremities when a more precise delineation between radicular symptoms and peripheral nerve impingement is required to assist with treatment planning. The clinical documentation submitted for review does indicate that the injured worker has clinically evident radiculopathy. Therefore, the need for an electrodiagnostic study of the bilateral lower extremities would not be indicated in this clinical situation. Therefore, the requested Electromyogram (EMG) Bilateral Lower Extremities is not medically necessary or appropriate.

Nerve Conductive Velocity (NVC) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensation (TWC).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested Nerve Conductive Velocity (NVC) Bilateral Lower Extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for the lower extremities when a more precise delineation between radicular symptoms and peripheral nerve impingement is required to assist with treatment planning. The clinical documentation submitted for review does indicate that the injured worker has clinically evident radiculopathy. Therefore, the need for a nerve conductive velocity of the bilateral lower extremities would not be indicated in this clinical situation. Therefore, the requested Nerve Conductive Velocity (NVC) Bilateral Lower Extremities is not medically necessary or appropriate.