

Case Number:	CM14-0188031		
Date Assigned:	11/18/2014	Date of Injury:	11/25/2013
Decision Date:	01/06/2015	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	11/11/2014

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:

This is a 48-year-old male with an 11/25/13 date of injury, when he fell landing on his back. The patient was seen on 9/10/14 with complaints of 8/10 constant back pain with occasional mild pain and numbness in the legs and feet. Exam findings revealed spasm noted at the L3-S1, lumbar extension 60 % of normal and lumbar forward flexion 12 inches from the ground. The patient walked without the limp and was able to walk on the toes and heels without focal motor deficits. The motor strength was 5/5 in all muscle groups in the bilateral lower extremities and the sensation was within normal limits in the bilateral lower extremities. The DTRs were 2+ and the SLR test was positive on the left at the 90 degrees at the supine and sitting position. The diagnosis is lumbago. The radiographs of the lumbar spine (undated, the report was not available for the review) showed decreased disc space at the L5-S1. Treatment to date: work restrictions, chiropractic treatment, lumbar brace and medications. An adverse determination was received on 10/11/14 for a lack of documented neurological deficits and lack of indication for a topical compound cream. The request for the UDS test and 1 prescription of Relafen 750 mg were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI (magnetic resonance imaging) of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12: Low Back Complaints (2007), page 53

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient complained of numbness in the legs and feet. The physical examination performed on 9/10/14 revealed that the motor strength was 5/5 in all muscle groups in the bilateral lower extremities, the sensation was within normal limits in the bilateral lower extremities and that the patient was able to walk on the toes and heels without focal motor deficits. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Therefore, the request for 1 MRI (magnetic resonance imaging) of the lumbar spine without contrast was not medically necessary.

1 EMG (electromyography)/NCV (nerve conduction velocity) of 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 - Lumbar & Thoracic (Acute & Chronic)

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 EMG/NCV)

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs 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. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. . However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. In addition, the physical examination performed on 9/10/14 revealed that the motor strength was 5/5 in all muscle groups in the bilateral lower extremities, the sensation was within normal limits in the bilateral lower extremities and that the patient was able to walk on the toes and heels without focal motor deficits. Therefore, the request for 1 EMG (electromyography)/NCV (nerve conduction velocity) of bilateral lower extremities was not medically necessary.

1 prescription of Relafen 750 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS)

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, the UR decision dated 10/11/14 certified the request for 1 prescription of Relafen 750 mg. Therefore, the request for 1 prescription of Relafen 750 mg was not medically necessary.

Terocin cream: 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): 111-113.

Decision rationale: An online search revealed that Terocin is a Topical Pain Relief Lotion containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. CA MTUS Chronic Pain Medical Treatment Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications. In addition, CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, there is no rationale identifying why Terocin cream would be required for the patient despite a lack of supporting guidelines. Therefore, the request for Terocin cream was not medically necessary.