

Case Number:	CM14-0189001		
Date Assigned:	11/19/2014	Date of Injury:	02/18/2000
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 & 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 patient is a 58 year old male with date of injury 2/18/00. The treating physician report dated 10/23/14 (34) indicates that the patient presents with numbness in the right leg and calf as well as low back pain. The physical examination findings reveal dorsolumbar pain and tenderness with spasm with limitation to flexion and extension. Sacroiliac joint tenderness is present bilateral. There is loss of muscles mass in the right leg and difficulty in walking. Diminished reflexes in the legs. Abnormal limping on the right side is present. Prior treatment history includes injection to the sacroiliac joints bilaterally and medication. The current diagnoses are: Low back pain and Knee joint replacement by other means. The utilization review report dated 11/03/14 denied the request for Zanaflex 4 mg #60, Pennsaid Solution, 1.5% (unknown quantity), Norco 10/325 mg #120, EMG/NCV of the bilateral lower extremities and bilateral sacroiliac joint injection with Kenalog/Marcaine 40 mg #10 cc x 2 injections based largely on lack of proper supporting documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Pain Procedure Summary (last updated 10/02/2014), Non-sedating Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with low back pain and numbness in the right leg. The current request is for Zanaflex 4 mg #60. MTUS guidelines allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. There is no discussion or documentation that the medication has been of benefit to the patient even though it was first prescribed on 9/17/12 according to the physician's progress report of 7/23/14. Without documentation of efficacy, ongoing use would not be indicated. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. Therefore, this request is not medically necessary.

Pennsaid Solution 1.5% (unknown quantity): Overturned

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: The patient presents with chronic bilateral knee pain, low back pain and numbness in the right leg. The current request is for Pennsaid Solution 1.5% unknown quantity. Pennsaid solution is Diclofenac sodium, a topical NSAID. The treating physician report dated 10/23/14 states, "Taking Pennsaid 1.5% solution, apply 40 drops to right knee 3 times a day, daily." The treating physician documents that the patient is happy with the Pennsaid usage, medication helps and patient is stable on medication. The MTUS guidelines state that topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment analgesics. In this case the treating physician has documented that the patient is suffering from continued knee pain following knee replacement surgery, topical usage of Pennsaid solution provides pain relief and functional improvement and MTUS recommends the topical usage of NSAIDs for peripheral joint pain, arthritis and tendonitis. Therefore, this request is medically necessary.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-89.

Decision rationale: The patient presents with low back pain and numbness in the right leg. The current request is for Norco 10/325 mg #120. MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or

outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. A review of the two progress reports provided show there is no discussion or documentation of pain assessment or outcome measures as described above. No specific ADL's are provided and no functional or analgesia documented using numeric scales. Therefore, there is not adequate documentation as required by MTUS. Furthermore, no urine drug screen results were provided. Therefore, this request is not medically necessary.

EMG/NCV of the bilateral lower extremities: Overturned

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- Treatment in Worker's Compensation, Low Back Procedure Summary (last updated 08/22/2014), EMGs (Electromyography) and NCS (Nerve Conduction Studies)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar chapter, electrodiagnostic studies and EMG

Decision rationale: The patient presents with low back pain and numbness in the right leg. The current request is for EMG/NCV of the bilateral lower extremities. The treating physician report dated 10/23/14 states, "Right leg is numb and calf is hurting, low back pain is present; diminished reflexes in the legs, abnormal limping on right side and loss of muscle mass in the right leg and difficulty walking. Plan: Electrodiagnostic study of lower extremities nerve condition EMG study." The ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The ODG guidelines go on with further discussion of EMG/NCV stating that EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy. ODG goes on to discuss nerve conduction studies as not recommended for lower back pain alone. In this case the treating physician has documented that the patient has a subjective complaint of right leg numbness and calf pain and the examination findings reveal signs of radiculopathy. While the ACOEM guidelines may support EMG for lower back pain the current request is for EMG/NCV and the ODG requires that electrodiagnostic studies be medically indicated to rule out radiculopathy, lumbar plexopathy or peripheral neuropathy. The treating physician has documented signs that may indicate radiculopathy that needs to be ruled out. Therefore, this request is medically necessary.

**Bilateral Sacroiliac Joint injection with Kenalog/Marcaine 40 mg #10 cc X 2 injections:
Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Hip & Pelvis Procedure Summary (last updated 03/25/2014), Criteria for the use of Sacroiliac Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Online Hip and Pelvis Chapter.

Decision rationale: The patient presents with low back pain and numbness in the right leg. The current request is for bilateral sacroiliac joint injection with Kenalog/Marcaine 40 mg #10 cc x 2 injections. ODG guidelines state that "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." In this case, the reports provided do not document the above examination findings as required by ODG. Therefore, this request is not medically necessary.