

Case Number:	CM14-0190544		
Date Assigned:	11/24/2014	Date of Injury:	07/02/2014
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 Emergency Medicine and is licensed to practice in New York. 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 55-year-old female who was injured on July 2m 2014. The patient continued to experience pain in her cervical spine, thoracic spine, lumbar spine, right shoulder, right wrist/hand, right hip, right knee, and right ankle. Physical examination was notable for tenderness D t the cervical spine and right trapezius, normal neurological examination, tenderness to the right wrist, tenderness to the paraspinal musculature of the thoracic and lumbar spine, and tenderness to the anterior talofibular ligament of the right ankle. Diagnoses included cervical spine sprain/strain with right upper extremity radiculopathy, lumbar spine sprain/strain with right lower extremity radiculopathy, thoracic spine sprain/strain, right shoulder sprain/strain, right trochanteric bursitis, right knee sprain/strain, and right ankle sprain/strain. Treatment included medications, chiropractic therapy, trigger point injections, and psychotherapy. Requests for authorization for EMG of the cervical and lumbar spine, GABA /keto/lido cream 240 gm and cyclo cream 240 gm were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2012, Neck & Upper Back, Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303, 310, 178.

Decision rationale: EMG's (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. 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. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. In addition documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request for EMG of the cervical and lumbar spine is not medically necessary.

Gaba-Keto-Lido crea, BID 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: This is a topical analgesic containing gabapentin, ketoprofen, and Lidocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is not recommended. There is no peer-reviewed literature to support use. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request for GABA-Keto-Lido crea, BID 240gm is not medically necessary.

Cyclo cream BID 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: Cyclo cream is assumed to be a topical preparation of the muscle relaxant cyclobenzaprine. There is no evidence for use of any muscle relaxant as a topical product. Cyclo cream is not recommended. The request for Cyclo cream BID 240gm is not medically necessary.