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| Case Number: | CM14-0192448 | | |
| Date Assigned: | 11/26/2014 | Date of Injury: | 03/13/1998 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 11/15/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 year 69 old female who was injured on 3/13/1998. The diagnoses are status post lumbar fusion, lumbar radiculopathy, thoracic spine fractures, neck pain, left knee internal derangement and chronic pain syndrome. The 2014 MRI of the lumbar spine showed multilevel degenerative disc disease, T9 and T12 compression fracture, facet arthropathy, post-operative changes, foraminal narrowing and canal stenosis. The x-rays of the cervical spine showed spondylolisthesis at C4-C5. There is multilevel degenerative changes and disc narrowing. On 10/14/2014, [REDACTED] noted subjective complaint of neck and low back pain radiating to the upper and lower extremities respectively. There is associated numbness and tingling sensations. The patient noted that ADL and activities are severely limited. The pain score was rated at 5-9/10 on a scale of 0 to 10. The patient ambulated with the use of a walker, cane and wheel chair. She also has a care giver. On 10/15/2014, [REDACTED] noted that the patient was able to perform ADL and household chores with utilization of the current pain medications. The patient noted that the leg numbness and weakness was getting worse. The legs was giving out sometimes. The medications listed are Norco, gabapentin and Voltaren gel. A Utilization Review determination was rendered on recommending non certification for EMG/NCV of the lower extremities, Norco 10/325mg #120 and Voltaren gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, 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) Pain Chapter. Low Back and Thoracic

Decision rationale: The CA MTUS and the ODG guidelines recommend that EMG/NCS can be utilized for the evaluation of lower extremities neuromuscular deficits when clinical and radiological findings are inconclusive. The records indicate that the patient did have radiological findings consistent with lumbar radiculopathy. The records indicate there are subjective and objective findings of worsening sensory and motor function of the lower extremities. The patient reported that the legs have started giving out on her. Her ambulation is more limited. The criteria for EMG/NCV of bilateral lower extremities was met.

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbations of musculoskeletal pain that did not respond to treatment with NSAIDs, PT and non- opioids medications. The records indicate that the patient was diagnosed with severe pain located in from cervical to lumbar spines. The patient had completed surgical treatments. There is documentation of functional restoration and reduction in pain with utilization of the medication. There is no reported aberrant behavior or adverse effect. The criteria for Norco 10/325mg #120 was met.

Voltaren Gel 1%: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbations of musculoskeletal pain. The use of topical NSAIDs is associated with decreased gastrointestinal adverse effects in the elderly. The records indicate that

the patient reported significant pain relief with no adverse effect with the use of the Voltaren gel. There is improvement in ADL and physical function. The criteria for the use of Voltaren gel 1% was met.