

<b>Case Number:</b>	CM15-0019817		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	01/03/2007
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32-year-old male who reported an injury on 01/03/2007. The mechanism of injury was not provided. His diagnoses included lumbar radiculopathy, chronic pain syndrome, and low back pain. Medications included lidocaine/prilocaine cream, omeprazole DR, Ultracet, and Terocin patches. Treatments have included medication, physical therapy, and epidural steroid injection. Diagnostic studies included MRI of the lumbar spine on 05/28/2014, x-rays of the lumbar spine on 12/15/2014. The injured worker was re-evaluated post injection on 11/20/2014. The injured worker noted the pain became worse. The injured worker stated the epidural helped his pain for about 2 weeks. On 12/15/2014, the injured worker noted that he had 90% low back pain and 10% leg pain. There was decreased range of motion, 5.5 muscle strength, intact sensation, and positive straight leg raise bilaterally. The injured worker had received an electrodiagnostic testing in the past. The injured worker was seen on 01/13/2015, at which time it was noted that he continued to work. Examination showed tenderness, absent right ankle jerk compared to 1/4 on left, absent patellar reflex bilaterally, normal strength, decreased sensation over the medial calf, and lateral calf on left. The request is for NCS of the bilateral lower extremities and retrospective request for Terocin patch 4%, prescribed on 1/13/15. The Request for Authorization is dated 01/13/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS of the bilateral lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Chapter, Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The request for NCS of the bilateral lower extremities is not supported. The injured worker has a history of back, bilateral upper and lower extremity, and bilateral hip pain. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker complained of low back pain that radiated down with numbness and lumbar radiculopathy is included as a diagnosis. The guidelines indicate that nerve conduction studies are not recommended, and have low sensitivity and specificity when combined with EMGs. NCVs are generally performed when there is evidence of peripheral neuropathy. There is a lack of evidence to suggest peripheral neuropathy to warrant a nerve conduction velocity. The clinical records did not establish medical necessity for the request of electrodiagnostic study. The injured worker had already undergone testing. There is lack of documentation of the outcome from the previous test. The documentation would be important when considering whether a repeat study would be appropriate. The request is not supported. As such, the request for NCS of the bilateral lower extremities is not medically necessary.

**Retrospective request for Terocin patch 4%, prescribed on 1/13/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The retrospective request for Terocin patch 4%, prescribed on 1/13/15 is not supported. The injured worker has a history of back, upper extremity, lower extremity, and bilateral hip pain. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is a lack of documentation that the injured worker is intolerant to oral medications or that he had tried any antidepressants or anticonvulsants and failed their use. Lidocaine is only recommended for peripheral neuropathic pain in a dermatomal patch combination. There is lack of documentation that the injured worker had failed standard over the counter topical pain lotions to indicate the need for prescribed topical medication. There is a lack of documentation as to the area and frequency medication is to be used. The request is not supported. As such, the request is not medically necessary.

