

Case Number:	CM15-0136867		
Date Assigned:	07/24/2015	Date of Injury:	05/07/2013
Decision Date:	10/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/15/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 40 year old female, who sustained an industrial injury on 05-07-2013, secondary to carrying a large bag of quarters resulting in low back injury. On provider visit dated 06-19-2015 the injured worker has reported lower back pain that radiates to bilateral lower extremities. On examination of the injured worker was noted as being uncomfortable, alternation position, and lower extremities were noted as decreased motor strength, and sensory. Straight leg raise was positive on the right. The diagnoses have included disc protrusion L4-L5 and L5-S1 with lumbar root impingement, degenerative disc disease L4-L5 and L5-S1 and lumbar spondylosis. Treatment to date has included medication. MRI of the lumbar spine on 06-19-2015 revealed central extrusion of the L4-L5 intervertebral disc extending slightly caudal to the intervertebral disc space level mildly flattening the anterior aspect of the thecal sac. Mild central canal stenosis and a mild annular bulge of the L5-S1 intervertebral disc and small protrusion of the L3-L4 intervertebral disc The provider requested Soma, Percocet, Flector patch, electromyogram right lower extremity, electromyogram left lower extremity, nerve conduction velocity right lower extremity and nerve conduction velocity left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29, 63.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Percocet 5/325mg #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to MTUS and ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity for Percocet 5/325mg has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The certification of the requested medication is not recommended. Therefore, the request is not medically necessary.

Flector patch 1.3% trial #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain- Flector patch.

Decision rationale: According to California MTUS Guidelines, oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to ODG, the use of a Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. This medication may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. There is little evidence that supports the medication use in the treatment of chronic low back pain. Of note, the specific dose and amount of medication were not provided. Medical necessity for the requested Flector patch has not been established. The requested item is not medically necessary.

EMG right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity Testing.

Decision rationale: There is no documentation provided necessitating EMG testing of the right lower extremity. According to the ODG, EMG (Electromyography) and nerve conduction studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to ACOEM Guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, there were no abnormal neurologic exam findings provided in the records. Medical necessity for the requested item has not been established, as guideline criteria have not been met. The requested item is not medically necessary.

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

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radiculopathies, and muscle disorders. According to ACOEM Guidelines, needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, there were no abnormal neurologic exam findings provided in the records. Medical necessity for the requested item has not been established, as guideline criteria have not been met. The requested item is not medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity Testing.

Decision rationale: The request for diagnostic test NCV/EMG of the right lower extremity is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The Official Disability Guidelines further state that nerve conduction studies are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there are no findings of neurological deficits on exam. Furthermore, electromyography testing has not been conducted to rule out radiculopathy prior to the request for the nerve conduction study. Given the above, the request for the diagnostic EMG/NCV of the right lower extremity is not medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

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conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, there are no findings of neurological deficits on exam. Furthermore, electromyography testing has not been conducted to rule out radiculopathy prior to the request for the nerve conduction study. Given the above, the request for the diagnostic EMG/NCV of the left lower extremity is not medically necessary.