

Case Number:	CM15-0140747		
Date Assigned:	07/30/2015	Date of Injury:	08/17/2012
Decision Date:	09/02/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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 61 year old male who sustained a work related injury August 17, 2012. While working as a security officer, he was assaulted by two attackers and struck repeatedly in the back, neck, and head. Past history included a lumbar fusion 2004 and a right knee replacement 2014. According to a primary treating physician's follow-up consultation dated May 26, 2015, the injured worker presented with cervical pain, rated 7 out of 10, with increasing left greater than right upper extremity symptoms. He complains of headaches and memory changes; recalls head trauma with injury and loss of consciousness. He reports upper thoracic pain, rated 6 out of 10. He is followed by pain management regarding medication consumption including; hydrocodone, cyclobenzaprine, Xanax, Celebrex, pantoprazole. He reported occasional lethargy and nausea with medication and remembers a successful trial of topical anti-epileptic drugs non-steroidal anti-inflammatory drugs which decreased his pain up to 4 points. Objective findings included; tenderness of the cervical spine with range of motion, flexion 40 degrees, extension 30 degrees, left and right rotation 35 degrees, and left and right lateral tilt 35 degrees; diminished sensation right C6 and C7 dermatomal distributions. There is tenderness of the thoracic spine and thoracic spinal musculature. Thoracic range of motion are documented as; flexion 50 degrees, extension 30 degrees, and left and right rotation 35 degrees. Diagnoses are rule out cervical disc injury; cervical and thoracic myofascial pain; closed head injury-post concussion syndrome. Treatment plan included a consultation with a neurologist to address the headaches and memory loss, continue medication as prescribed by pain management, a retro request for a TENS (transcutaneous electrical nerve stimulation) unit trial, and at issue, a request for

authorization for an EMG/NCV(electromyography-nerve conduction velocity studies) bilateral upper extremities and topical Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-179, 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with cervical pain with increasing left greater than right upper extremity symptoms rated 7/10. Upper thoracic pain rated 6/10. The request is for EMG/NCV BILATERAL UPPER EXTREMITIES. The request for authorization is dated 06/16/15. MRI of the cervical spine, 05/12/15, shows C5-6: 2-3mm broad based posterior disc protrusion resulting in bilateral neural foraminal narrowing in conjunction with uncovertebral osteophyte formation; C6-7: 3mm broad based posterior disc protrusion resulting in bilateral neural foraminal narrowing in conjunction with uncovertebral osteophyte formation. Physical examination reveals tenderness cervical spine. Reduced cervical range of motion. Diminished sensation right C6 and C7 dermatomal distributions. Tenderness thoracic spine and thoracic paraspinal musculature. Reduced thoracic range of motion. Spasm of the cervical trapezius. Patient is to continue follow up with pain management. Continue TENS. Patient recalls successful trial of topical antiepileptic drugs/NSAID as this did decrease pain up to 4 points on scale of 10. Patient's medications include OxyContin, Hydrocodone, Cyclobenzaprine, Xanax, Celebrex and Pantoprazole. Per progress report dated 06/23/15, the patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 05/26/15, treater's reason for the request is "Concern in regards to increased neurologic findings bilateral upper extremities consistent with C6 and C7. ...for further evaluation." In this case, the patient continues with cervical pain. Given the patient's upper extremities symptoms, physical examination findings and diagnosis, EMG/NCV study would appear reasonable. There is no evidence that the patient has had a prior bilateral upper extremity EMG/NCV study done. The request appears to meet guidelines indication. Therefore, the request IS medically necessary.

Topical Gabapentin 6% 300gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The patient presents with cervical pain with increasing left greater than right upper extremity symptoms rated 7/10. Upper thoracic pain rated 6/10. The request is for TOPICAL GABAPENTIN 6% 300GRAM. The request for authorization is dated 06/16/15. MRI of the cervical spine, 05/12/15, shows C5-6: 2-3mm broad based posterior disc protrusion resulting in bilateral neural foraminal narrowing in conjunction with uncovertebral osteophyte formation; C6-7: 3mm broad based posterior disc protrusion resulting in bilateral neural foraminal narrowing in conjunction with uncovertebral osteophyte formation. Physical examination reveals tenderness cervical spine. Reduced cervical range of motion. Diminished sensation right C6 and C7 dermatomal distributions. Tenderness thoracic spine and thoracic paraspinal musculature. Reduced thoracic range of motion. Spasm of the cervical trapezius. Patient is to continue follow up with pain management. Continue TENS. Patient recalls successful trial of topical antiepileptic drugs/NSAID as this did decrease pain up to 4 points on scale of 10. Patient's medications include OxyContin, Hydrocodone, Cyclobenzaprine, Xanax, Celebrex and Pantoprazole. Per progress report dated 06/23/15, the patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Per progress report dated 05/26/15, treater's reason for the request is "Recalls successful trial of topical antiepileptic drugs/NSAID as this did decrease pain up to 4 points on scale of 10." The patient has been prescribed compound cream since at least 01/29/15. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use. Therefore, the request IS NOT medically necessary.