

Case Number:	CM15-0161188		
Date Assigned:	08/26/2015	Date of Injury:	08/21/2014
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/18/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38 year old male patient, who sustained an industrial injury on 8-21-14. The diagnoses have included lumbar disc herniation, left lower extremity (LLE) radiculopathy and left hip sprain and strain. Per the physician progress note dated 6-22-15, he had complains of persistent pain in the lower back at 5-6/10 with radiation to the both legs and to the buttocks and gluteus and left hip. The pain has worsened since the last visit. The physical examination revealed the lumbar spine- decreased range of motion, tenderness in the paraspinals bilaterally, and positive straight leg raise on the left at 50 degrees to the posterior thigh. The current medications included Naproxen. There are no previous diagnostic results noted. Treatment to date has included medications, activity modifications, consultations and other modalities. Work status is to continue working unrestricted. The physician requested treatments included Flurbiprofen-Baclofen-Lidocaine cream 20-5-4%, 180mg top help control the pain and in an attempt to replace the Naproxen as it causes gastrointestinal upset and the injured worker also prefers not to take oral medications and Electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities because he has had radicular symptoms in the left lower extremity (LLE).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen (20%), Baclofen (5%), Lidocaine (4%) Cream, 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Lidoderm (lidocaine patch), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Guidelines regarding topical analgesics state, largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Non-neuropathic pain: Not recommended Baclofen: Not recommended. There is any peer-reviewed literature to support the use of topical Baclofen. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication (other than NSAID) is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended by MTUS for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. Therefore, the request is not medically necessary.

Electromyography and Nerve Conduction Velocity of the Bilateral Lower Extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, and Chronic Pain Medical Treatment 2009. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Nerve conduction studies (NCS) (2015).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per ACOEM Practice Guidelines, chapter 12, 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. Per the records provided patient had chronic low back pain with radiation to the both legs. Patient had

abnormal neurological findings on physical examination in the lower extremity- lumbar spine- decreased range of motion, tenderness in the paraspinals bilaterally, and positive straight leg raise on the left at 50 degrees to the posterior thigh. Patient has tried conservative therapy including activity modifications and medications. The request of Electromyography (EMG) and nerve conduction velocity (NCV) of the bilateral lower extremities is medically appropriate and necessary for this patient to evaluate lower extremity neurological symptoms.