

<b>Case Number:</b>	CM15-0185518		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Preventive Medicine, Occupational 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 53 year old, female who sustained a work related injury on 3-20-12. The diagnoses have included herniated nucleus pulposus of cervical spine with moderate to severe neural foraminal narrowing, herniated nucleus pulposus of lumbar spine with moderate to severe neural foraminal narrowing, cervical radiculopathy and lumbar radiculopathy. She is being treated for neck, upper back, bilateral arm and bilateral knee pain and symptoms. Treatments have included physical therapy (6 sessions for her neck and back which she states "helped to decrease her pain and increased her walking distance by approximately 15 minutes"), 24 sessions of chiropractic therapy ("reports 50% relief of pain"), 5 aquatic therapy visits which helped some and injection into right middle finger without relief. Current medications include Naproxen (since about 12-2014), Omeprazole (since about 9-2014) and Ketoprofen cream. She states the cream gives her about "50% relief of pain." She states the medications help to "decrease her pain by 30%." She reports the medications help her to walk 15 minutes longer and helps to decrease her pain when sitting down. In the progress notes dated 8-5-15, the injured worker reports neck pain. She rates her neck pain level a 5-6 out of 10. She states the pain is achy and stabbing. She states she has numbness and pain radiation to both shoulders. She reports pain in both hands, right worse than left. She reports "pins and needles and aching" low back pain. She reports pain is "very sharp" and she has numbness in low back. She rates her low back pain an 8 out of 10. She denies radiation of pain, numbness or tingling to her legs. She reports bilateral knee pain. She rates this pain a 7 out of 10. Pain is worse on right. These pain levels remain consistent with last few progress notes. On physical exam, she has decreased and painful range of motion in

cervical and lumbar spine. She has decreased sensation in bilateral C5, C7 and C8 dermatomes. MRI of lumbar spine dated 11-27-13 reveals "degenerative disc disease and facet arthropathy with retrolisthesis L3-4 and L5-S1, canal stenosis includes L4-5 mild to moderate canal stenosis, and neural foraminal narrowing includes L2-3 moderate left, mild to moderate right; L3-4 mild bilateral, L4-5 moderate to severe bilateral; and L5-S1 moderate right foraminal narrowing." EMG of lower extremities dated 11-4-13 reveals "no electrodiagnostic evidence of focal nerve entrapment in the lower limbs or lumbar radiculopathy." She is not working. The treatment plan includes requests for an EMG of bilateral lower extremities, for an orthopedic consultation, for labs to monitor liver and kidney function and refills of Naproxen, Prilosec and Ketoprofen cream. The Request for Authorization dated 8-5-15 have requests for EMG-NCS studies of lower extremities, for Naproxen 550mg #60, for Omeprazole 20mg #60, for CM4-Caps 0.05% and cyclo 4% cream, for an orthopedic consultation and for a med panel. In the Utilization Review, dated 9-10-15, the requested treatments of EMG-NCS studies of the lower extremities, Naproxen Sodium 550mg #60, Omeprazole 20mg #60, CM-4 Caps 0.05% + cyclo 4% cream and a med panel are all non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCS bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

**Decision rationale:** According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. This patient carries a diagnosis of lumbar radiculopathy. EMG/NCS bilateral lower extremities is not medically necessary.

**Naproxen Sodium 550mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains documentation of only minimal

functional improvement. The patient has not returned to work. Naproxen Sodium 550mg, #60 is not medically necessary.

**Omeprazole 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg, #60 is not medically necessary.

**CM-4 (Capsaicin 4 capsules) 0.05% + cyclo 4% cream:** Upheld

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

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no evidence for use of any muscle relaxant as a topical product. CM-4 (Capsaicin 4 capsules) 0.05% + cyclo 4% cream is not medically necessary.

**Med panel:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** According to the MTUS, the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The requested test, "Med Panel", is non-specific and is not listed as recommended to monitor a patient on the current drug regimen and there is no documentation in the medical record that the laboratory studies were to be used for any of the above indications. Med panel is not medically necessary.

