

<b>Case Number:</b>	CM15-0185527		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/25/2015
<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: 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 57 year old female, who sustained an industrial injury on 5-6-14. The injured worker was diagnosed as having right hand pain; right small finger pain; lumbar spine sprain-strain. Treatment to date has included physical therapy; chiropractic therapy; acupuncture; shockwave therapy; medications. Diagnostics studies included x-rays; EMG-NCV bilateral upper and lower extremities (6-23-15); MRI lumbar spine (7-9-15). Currently, the PR-2 notes dated 6-23-15 were for an "Initial Comprehensive Primary Treating Physician" report. These notes indicated the injured worker complains of right hand and small finger pain. The provider documents "her pain is described as constant, moderate to severe. The patient rates her pain as 8 out of 10 on the pain analog scale. The pain is aggravated by gripping, grasping, reaching, pulling, and lifting. She also complains of weakness, numbness, tingling, in the hands and fingers more on the left side. The patient complains of burning, radicular low back pain. The patient rates the pain as 7 out of 10, on the pain analog scale. Her pain is described as constant, moderate to severe. The pain is associated with numbness and tingling of the bilateral lower extremities. The pain is aggravated by prolonged positioning including sitting, standing, walking, bending, arising, ascending or descending stairs and stooping. Her pain is aggravated by activities of daily living such as getting dressed and performing personal hygiene. The patient states that the pain is alleviated with rest and activity restriction." On physical examination, the provider documents "right hand -5th digit: palpation tenderness is noted over the bilateral wrist flexors and extensors and at the 5th digit. Sensation to pinprick and light touch is diminished along the median nerve distribution in the right upper extremity. Motor strength is 4 out of 5 in

all represented muscle groups in the right upper extremity. Deep tendon reflexes are 2+ and symmetrical and vascular pulses are 2+ in the right upper extremity. Palpable tenderness is noted at the lumbar paraspinal muscles and over the lumbosacral junction. Ranges of motion note abnormal. Slight decreased sensation to pinprick and light touch at L4, L5 and S1 dermatomes bilaterally." A MRI of the lumbar spine is reports on 7-9-15 with impression: "Type 2 Modic degenerative endplate marrow change noted T10-T11 through L5-S1. Hemangioma at S1 segment; Degenerative discogenic spondylosis L1-L2 through L5-S1. L1-L2 through L5-S1 intervertebral discs are desiccated and reduced in height. Posterior lumbar subcutaneous edema is visualized. A grade 1 degenerative anterolisthesis of L5 on S1 is noted. At T10-T11, T11-T12 and T12-L1, broad based central disc protrusions are noted which measure 2.7mm. L1-L2: a 4mm broad-based central disc protrusion deforms the ventral thecal sac. L2-L3: a 5.4mm diffuse right eccentric disc protrusion deforms the thecal sac, contributing to moderate-severe neuroforaminal narrowing, right greater than left, with impingement of the right exiting nerve root and encroachment of the left exiting nerve root. Moderate lateral recess narrowing is noted with encroachment of the descending nerve roots. L3-L4: a 6.7mm diffuse left eccentric disc protrusion deforms ventral thecal sac, contributing to moderate-severe spinal stenosis and severe narrowing of the neuroforaminal and lateral recesses with impingement of the exiting and descending nerve roots. Facet hypertrophy is seen. L4-L5: A 2.7mm diffuse left eccentric disc protrusion deforms ventral thecal sac, contributing to moderate spinal canal stenosis and moderate-severe neuroforaminal narrowing, left greater than right, with impingement of left exiting nerve root and encroachment of right exiting nerve root. Severe lateral recess narrowing is noted with impingement of descending nerve roots. Facet hypertrophy is noted which is more prominent on left. L5-S1: A 4mm diffuse left eccentric disc protrusion indents the ventral epidural fat, contributing to mild-moderate spinal canal stenosis and moderate neuroforaminal and lateral recess narrowing, left greater than right with encroachment of the exiting and descending nerve roots. Pronounced facet hypertrophy is noted." A MRI of the right hand done on 7-9-15 impression "FPL tenosynovitis; 1st CMC joint arthrosis and periarticular fluid collection likely represents synovial-ganglion cyst. Old fracture subluxation at the 5th proximal phalanx with resultant 5th MCP joint hyperextension deformity and flexion at the 5th PIP joint." A Request for Authorization is dated 9-14-15. A Utilization Review letter is dated 8-25-15 and non-certification was for Tabradol 1mg/ml oral suspension 250ml take 5ml 2-3 times a day #1; Cyclobenzaprine 5% cream 110 grams, apply for muscle spasms three times a day #1; Ketoprofen 20% cream 167 grams apply for inflammation three times a day #1; MRI Lumbar spine; EMG-NCV studies bilateral upper extremities. A request for authorization has been received for Tabradol 1mg/ml oral suspension 250ml take 5ml 2-3 times a day #1; Cyclobenzaprine 5% cream 110 grams, apply for muscle spasms three times a day #1; Ketoprofen 20% cream 167 grams apply for inflammation three times a day #1; MRI Lumbar spine; EMG-NCV studies bilateral upper extremities.

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

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

**Tabradol 1mg/ml oral suspension 250ml take 5ml 2-3 times a day #1: 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): Muscle relaxants (for pain).

**Decision rationale:** Tabradol is cyclobenzaprine in an oral suspension. The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. This patient has chronic pain with no evidence of prescribing for flare-ups, and the pain is in the extremity, not the low back. The MTUS states that treatment with cyclobenzaprine should be brief, and that the addition of cyclobenzaprine to other agents is not recommended. In this case, cyclobenzaprine is added to other agents, and the oral suspension form plus topical is experimental and unproven. Prescribing was not for a short term exacerbation. Multiple medications, including a topical muscle relaxant, were prescribed together without adequate trials of each. Per the MTUS, cyclobenzaprine is not indicated and is not medically necessary.

**Cyclobenzaprine 5% cream 110 grams, apply for muscle spasms three times a day #1:**  
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): Topical Analgesics.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. As per MTUS There is no evidence for use of any other muscle relaxant as a topical product. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. In this injured worker, the medical necessity for the requested topical cream has not been established. Therefore, as per guidelines stated above, the requested treatment: Cyclobenzaprine 5% cream is not medically necessary.

**Ketoprofen 20% cream 167 grams apply for inflammation three times a day #1:** 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): Topical Analgesics.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Ketoprofen is a non-steroidal anti-inflammatory drug (NSAID). The MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Note that topical Ketoprofen is not FDA approved for topical application. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are diclofenac formulations. All other topical NSAIDs are not FDA approved. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. In this injured worker, the medical necessity for the requested topical cream has not been established. Therefore, as per guidelines stated above, the requested treatment: Ketoprofen 20% cream is not medically necessary.

**MRI Lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter--Magnetic resonance imaging (MRI).

**Decision rationale:** As per Official Disability Guidelines (ODG) - MRI (magnetic resonance imaging) is indicated for Lumbar spine trauma: trauma, neurological deficit, Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), Uncomplicated low back pain, suspicion of cancer, infection, other "red flags." Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit, Uncomplicated low back pain, prior lumbar surgery, Uncomplicated low back pain, cauda equina syndrome, Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset, Myelopathy, stepwise progressive, Myelopathy, slowly progressive, Myelopathy, infectious disease patient, Myelopathy, oncology patient. Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs, and the treating provider notes no concerning changes in neurological exam, and there are no red flags.

**EMG right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** Per the CA MTUS, ACOEM guidelines state electrodiagnostic studies are recommended "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." EMG-NCV studies of the arms may be indicated for median or ulnar nerve impingement after failure of conservative treatment. EMG-NCV is not recommended as a routine in a diagnostic evaluation or screening in clients without symptoms. The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There were no symptoms or findings that define evidence of a peripheral neuropathy. Records indicate injured worker had electro diagnostic studies previously. There is insufficient information provided by the attending health care provider to establish the medical necessity or rationale for repeating the electro diagnostic studies. The Requested Treatment: EMG right upper extremity is not medically necessary and appropriate.

**NCV right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** Per the CA MTUS, ACOEM guidelines state electrodiagnostic studies are recommended "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." EMG-NCV studies of the arms may be indicated for median or ulnar nerve impingement after failure of conservative treatment. EMG-NCV is not recommended as a routine in a diagnostic evaluation or screening in clients without symptoms. The ODG regarding nerve conduction studies (NCS) states, "Not

recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There were no symptoms or findings that define evidence of a peripheral neuropathy. Records indicate injured worker had electro diagnostic studies previously. There is insufficient information provided by the attending health care provider to establish the medical necessity or rationale for repeating the electro diagnostic studies. The Requested Treatment: NCV right upper extremity is not medically necessary and appropriate.

**EMG left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** Per the CA MTUS, ACOEM guidelines state electrodiagnostic studies are recommended "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." EMG-NCV studies of the arms may be indicated for median or ulnar nerve impingement after failure of conservative treatment. EMG-NCV is not recommended as a routine in a diagnostic evaluation or screening in clients without symptoms. The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There were no symptoms or findings that define evidence of a peripheral neuropathy. Records indicate injured worker had electro diagnostic studies previously. There is insufficient information provided by the attending health care provider to establish the medical necessity or rationale for repeating the electro diagnostic studies. The Requested Treatment: EMG left upper extremity is not medically necessary and appropriate.

**NCV left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Electrodiagnostic studies (EDS).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** Per the CA MTUS, ACOEM guidelines state electrodiagnostic studies are recommended "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." EMG-NCV studies of the arms may be indicated for median or ulnar nerve impingement after failure of conservative treatment. EMG-NCV is not recommended as a routine in a diagnostic evaluation or screening in clients without symptoms. The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There were no symptoms or findings that define evidence of a peripheral neuropathy. Records indicate injured worker had electro diagnostic studies previously. There is insufficient information provided by the attending health care provider to establish the medical necessity or rationale for repeating the electro diagnostic studies. The Requested Treatment: NCV left upper extremity is not medically necessary and appropriate.