

Case Number:	CM15-0185745		
Date Assigned:	09/28/2015	Date of Injury:	08/10/2012
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/22/2015

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, Pain Management

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 55-year-old female, with a reported date of injury of 08-10-2012. The diagnoses include back pain status post lumbar surgery, right upper extremity epicondylitis, and possible upper extremity overuse tendinopathy. Treatments and evaluation to date have included acupuncture therapy, Norco, Vicodin (since at least 04-2014), Aleve, Xanax, Tramadol, Effexor, Ambien, intramuscular injection of Toradol, Gabapentin, and Venlafaxine. The diagnostic studies to date have included a urine drug test on 09-26-2014 with inconsistent findings; and a urine drug test on 12-19-2014 with inconsistent findings. The progress report dated 08-19-2015 indicates that the injured worker had a significant flare-up of pain and discomfort in her low back. She stated that the Tramadol had not been helpful as before. There was mention that she was out of her transdermals. It was noted that the injured worker "does not abuse the Vicodin". The injured worker currently rated her back and neck pains 7-8 out of 10; and on 05-04-2015, she rated her low back pain 7 out of 10, and bilateral lower extremity pain 7 out of 10. She described her low back pain as aching with numbness and a stabbing sensation in the left thigh area. The injured worker also complained of a lot of hand numbness and tingling. The objective findings include tenderness at the occipital insertion of the paracervical musculature; mild tenderness bilaterally in the trapezii; tenderness of the midline base of the cervical spine; cervical flexion at 30 degrees with discomfort; cervical extension at 20 degrees with significant paracervical discomfort; full shoulder motion with trapezius tenderness and pain; slight flattening of the lumbar lordosis; some discogenic scoliosis with spasm; tenderness in the paraspinous musculature of the lumbar spine; midline tenderness in the lumbar region; decreased

lumbar range of motion; slightly abnormal sensation testing with pinwheel; normal deep tendon reflexes in the bilateral ankles and knees; no sacroiliac tenderness on compression; and negative sciatic nerve compression. The injured worker received two intramuscular injections (2ml of Toradol and 2ml of B12 complex plus 2ml of B12 cyanocobalamin) on the day of the visit. The treatment plan also included Vicodin, one by mouth every 6-8 hours as needed for severe pain, Flurbiprofen-Diclofenac-Gabapentin-Lidocaine pain cream for inflammation, eight aquatic therapy visits, an MRI of the lumbar spine, and electrodiagnostic studies of the bilateral lower extremities. The injured worker was considered temporarily totally disabled from 08-19-2015 through 08-24-2015, and would return to work on 08-25-2015 with restrictions. The request for authorization was dated 08-19-2015. The treating physician requested an intramuscular injection of Toradol 2ml, an intramuscular injection of vitamin B12 complex and 2ml of B12 cyanocobalamin, Flurbiprofen 10%-Diclofenac 10%-Gabapentin 10%-Lidocaine 5% cream 120 grams, Vicodin 5-300mg #60, eight (8) aquatic therapy visits, an MRI of the lumbar spine, and EMG (electromyography) and NCV (nerve conduction velocity) of the bilateral lower extremities. On 09-10-2015, Utilization Review (UR) non-certified the request for an intramuscular injection of Toradol 2ml, an intramuscular injection of vitamin B12 complex and 2ml of B12 cyanocobalamin, Flurbiprofen 10%-Diclofenac 10%-Gabapentin 10%-Lidocaine 5% cream 120 grams, Vicodin 5-300mg #60, eight (8) aquatic therapy visits, an MRI of the lumbar spine, and EMG (electromyography) and NCV (nerve conduction velocity) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Intramuscular Injection of Toradol 2ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Toradol Official FDA Information (<http://www.drugs.com/mtm/toradol-im.html>).

Decision rationale: Regarding the request for Ketolorac, Chronic Pain Medical Treatment Guidelines state this medication is not indicated for minor or chronic painful conditions. The FDA notes it is used short-term (5 days or less) to treat moderate to severe pain. Within the information available for review, there is documentation of acute flare up of pain. However, there is no documentation of worsened objective findings to support the use of this medication. As such, the currently requested injection is not medically necessary.

Retrospective Intramuscular Injection of vitamin B12 complex and 2ml of B12 Cyanocobalamin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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, Vitamin B.

Decision rationale: Regarding the request for Vitamin B12 injection, California MTUS guidelines do not contain criteria for the use of B12. ODG states that vitamin B is not recommended. They go on to state that when comparing vitamin B with placebo, there is no significant short-term benefit in pain intensity. The medical indication for this injection is when there is documentation of B12 deficiency on laboratory results, and there are symptoms of this present. There were no low B12 serum levels noted in the submitted records. As such, the current request is not medically necessary.

Flurbiprofen 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5% Cream 120gm: 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): Topical Analgesics.

Decision rationale: With regard to this request for a topical compounded cream that contains gabapentin as a component, the CPMTG does not recommend topical gabapentin. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the topical gabapentin component is not recommended, and the entire formulation is not medically necessary.

Vicodin 5-300 mg #50, one by mouth every 6-8 hours as needed with no refills: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Vicodin (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Vicodin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation of inconsistent use on recent urine drug screen. Furthermore, there is no clear documentation of reduction of pain scale or improvement of function with the use of current

medication. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Vicodin (hydrocodone/acetaminophen) is not medically necessary.

Aquatic Therapy # 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. A recent progress note indicates the patient is 5'1" and weighs 169 lbs, which means he has a BMI of 31.9. Furthermore, there is no indication as to how many physical/aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. As such, the currently requested aquatic therapy 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, MRI Topic.

Decision rationale: Regarding the request for repeat lumbar MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases in which a significant change in pathology has occurred. Within the documentation available for review, there is documentation of slight reduced sensation to pinwheel on sensory exam with normal motor exam and normal reflexes. However, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent

MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested repeat lumbar MRI is not medically necessary.

EMG (electromyography) and NCV (nerve conduction velocity) of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Electromyography /Nerve Conduction Studies.

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, Electrodiagnostic Studies.

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: "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." The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica." Further guidelines can be found in the Official Disability Guidelines. The Official Disability Guidelines Low Back Chapter, states the following regarding electromyography: "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. (Bigos. 1999) (Ortiz-Corredor. 2003) (Haig. 2005) EMGs may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA 2001)" With regard to nerve conduction studies, the Official Disability Guidelines Low Back Chapter states: "Nerve conduction studies (NCS) section: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah. 2006)" However, it should be noted that this guideline has lower precedence than the ACOEM Practice Guidelines which are incorporated into the California Medical Treatment and Utilization Schedule, which do recommend NCS. Therefore, nerve conduction studies are recommended in evaluations for lumbar radiculopathy. Within the documentation available for review, there is documentation of slight reduced sensation to pinwheel on sensory exam with normal motor exam and normal reflexes. However, the specific dermatome at which this abnormal finding occurred is not provided. Furthermore, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested EMG and nerve conduction study. There is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent EMG and nerve conduction study. Given this, the current request is not medically necessary.