

<b>Case Number:</b>	CM15-0196086		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Anesthesiology

### 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 51 year old male, who sustained an industrial injury on April 16, 2014. He reported a pop in his low back region along with immediate pain and shooting pain down his left leg through his groin and into the testicles. The injured worker was currently diagnosed as having lumbar radiculopathy. Treatment to date has included diagnostic studies and medications. On June 30, 2014, the injured worker complained of low back pain rated as an 8 on a 1-10 pain scale. He feels constant pressure in his low back with stabbing pain down his left leg through his groin to his ankle and foot. Treatment recommendations included an EMG-NCS of the bilateral lower extremities, medications, urology consultation, trial of chiropractic treatment and a follow-up visit. An EMG-NCS of the bilateral lower extremities dated 07-17-2014, showed evidence of a left S1 radiculopathy. On August 13, 2014, the injured worker complained of low back pain rated as a 10 on a 1-10 pain scale. He feels constant pressure on his low back and stabbing pain down his left leg through his groin to his foot and ankle. The treatment plan included medication, MRI of the lumbar spine, urology consultation, chiropractic care and a follow-up visit. On September 22, 2015, utilization review denied a retrospective request for electromyography/nerve conduction study bilateral lower extremities (dos 07-17-2014), LidoPro Topical Ointment 4 oz (dos 06-30-2014), Orphenadrine 60, Citrate 100mg (dos 06-30-2014) and 90 Hydrocodone-APAP 5-325mg (dos 06-30-2014). One follow up (dos 08-13-2014) was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective electromyography (EMG)/nerve conduction study (NCS) bilateral lower extremities (DOS: 7/17/2014): Upheld**

**Claims Administrator 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 - Lumbar & Thoracic (Acute & Chronic): EMGs (electromyography) 2015.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nerve Conduction Velocity Testing (2010).

**Decision rationale:** There was no documentation provided necessitating EMG/NCV testing of both lower extremities on 7/17/2014. According to the ODG, electromyography (EMG) and nerve conduction velocities (NCV) are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. The ODG further states that NCVs are recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. In this case, the request for EMG/NCVs were not indicated at that time. Guidelines state that EMGs 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. There was no documentation of conservative treatment at that time. Medical necessity for the requested studies has not been established. The requested studies are not medically necessary.

**Retrospective LidoPro Topical Ointment 4 oz (DOS: 6/30/2014): 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:** According to the California MTUS Guidelines, 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 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested topical analgesic compound, LidoPro cream, contains: Capsaicin, Lidocaine, Menthol and Methyl Salicylate. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded to, or are intolerant to other treatments. Medical necessity for the requested topical analgesic compounded ointment was not established. The requested retrospective LidoPro topical ointment was not medically necessary.

**Retrospective 60 Orphenadrine Citrate 100mg (DOS 6/30/2014): 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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Orphenadrine Citrate (Norflex).

**Decision rationale:** According to the ODG, Orphenadrine Citrate (Norflex) is a muscle relaxant similar to diphenhydramine, but has greater anti-cholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti-cholinergic properties. According to CA MTUS guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone, and are not recommended for the long-term use of chronic pain. The CA MTUS recommends using "muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain... Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." In this case, there were no muscle spasms documented on physical exam. Based on the currently available information, the medical necessity for this muscle relaxant medication was not established. The requested medication was not medically necessary.

**Retrospective 90 Hydrocodone/APAP 5/325mg (DOS 6/30/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Vicodin 5/325mg (Hydrocodone/Acetaminophen (APAP)) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. Medical necessity of the requested medication was not established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested retrospective Hydrocodone/APAP, for DOS 6/30/2014, was not medically necessary.