

<b>Case Number:</b>	CM15-0045040		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	12/25/2010
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Arizona, Michigan  
 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 42 year old male who sustained an industrial injury on 12/25/10. He currently complains of constant, achy, band-like pain across his lower back with radiation of pain into right buttocks and down the right lower extremity. There is no documentation of pain intensity. Medications are Norco, gabapentin and Naprosyn. Diagnoses include back pain, secondary to lumbar laminectomy/ fusion (93/13) and failed back surgery syndrome. Treatments to date include physical therapy; H-wave therapy and medications. Diagnostics include x-rays of the lumbar spine (2/2/15) showing well seated hardware; MRI of the lumbar spine (10/25/12); electrodiagnostic study (12/13/12) finding normal nerve conduction study and abnormal electromyography. In the progress note dated 2/2/15 the treating provider requested electromyography/ nerve conduction study of bilateral lower extremities to rule out new versus worsening right lower extremity radiculopathy; physical therapy 2x4 and transdermal cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) / Electrodiagnostic Studies, (EMG) Electromyography, Nerve Conduction Studies (NCS).

**Decision rationale:** Per the MTUS, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. Per the ODG, EMG's are not necessary if radiculopathy is already clinically obvious. NCS are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. A review of the injured workers medical records reveal that he has had previous EMG/ NCS and radiculopathy is already clinically obvious, therefore based on the injured workers clinical presentation and the guidelines the request for EMG/NCV bilateral lower extremities is not medically necessary.

**Physical therapy 2x4 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. The request for Physical therapy 2 x 4 week is within the guideline recommendations and is medically necessary and appropriate in this injured worker.

**FluLido-A cream (Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5%) 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are 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, any compounded product that contains at least one drug or drug class that is not

recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed. He is currently on gabapentin, which has not failed and he has not exhausted all his options in terms of recommended first line agents. Lidocaine is currently only approved for topical use as a patch, therefore the request for FluLido-A cream (Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5%) 240gm is not medically necessary.

**Ultraflex-G Cream (Gabapentin 10% / Cyclobenzaprine 6% / Tramadol 10%) 240gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are 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, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin and cyclobenzaprine are not recommended for topical use, therefore the request for Ultraflex-G Cream (Gabapentin 10% / Cyclobenzaprine 6% / Tramadol 10%) 240gm is not medically necessary.