

Case Number:	CM15-0081892		
Date Assigned:	05/04/2015	Date of Injury:	07/22/2013
Decision Date:	07/01/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/28/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial injury on July 22, 2013. The injured worker has been treated for low back complaints. The diagnoses have included lumbago, lumbar spine herniated nucleus pulposus and lumbar radiculopathy. Treatment to date has included medications, radiological studies, physical therapy, chiropractic sessions, electro-diagnostic studies on 2/6/14, acupuncture treatments and lumbar spine surgery. Current documentation dated February 23, 2015 notes that the injured worker reported low back pain with radiation to the bilateral lower extremities. The injured worker also noted increased pain in the right lower extremity and numbness and tingling in the left foot. Examination of the lumbar spine revealed tenderness to palpation, spasms and a decreased range of motion. A straight leg raise test was positive on the left side. The treating physician's plan of care included requests for an electromyography and nerve conduction velocity study of the bilateral lower extremities and the medications Norco, Gabapentin and Ketoprofen. Per the doctor's note dated 3/18/15 patient had complaints of pain in back and leg at 6-8/10. Physical examination of the low back revealed tenderness on palpation, positive SLR on left, antalgic gait, limited range of motion and decreased sensory and motor examination. The patient's surgical history includes lumbar surgery on 7/8/14. The patient has had MRI of the lumbar spine on 8/30/13 that revealed disc bulge with foraminal narrowing. The medication list includes Tylenol, Norco, Percocet, Terazocin, Motrin, Naproxen and Pantoprazole. The patient has had electro diagnostic studies on 2/6/14 and the detailed report of this EMG study was not specified in the records provided. The patient has had

an EMG of the LE on 4/1/15 that revealed bilateral S1 radiculopathy. A recent urine drug screen report was not specified in the records provided

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: 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): 303-304.

Decision rationale: Request: EMG/NCV bilateral lower extremities. Per ACOEM chapter 12 guidelines, "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." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. 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 patient has had electro diagnostic studies on 2/6/14 and the detailed report of this EMG study was not specified in the records provided. The patient has had EMG of the LE study on 4/1/15 that revealed bilateral S1 radiculopathy. Any significant changes in objective physical examination findings since the last electro diagnostic study that would require a repeat electro diagnostic study were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The response of the symptoms to a period of rest and oral pharmacotherapy was not specified in the records provided. The medical necessity of the request for EMG/NCV bilateral lower extremities is not fully established for this patient.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Norco 10/325mg #60. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial

of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs."The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications, without the use of Norco, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient.

Gabapentin 600mg #60 (one refill): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) page(s) 18-19.

Decision rationale: Gabapentin 600mg #60 (one refill). Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study."The injured worker has been treated for low back complaints. The diagnoses have included lumbago, lumbar spine herniated nucleus pulposus and lumbar radiculopathy. Treatment to date has included medications, radiological studies, physical therapy, chiropractic sessions, electro diagnostic studies on 2/6/14, acupuncture treatments and lumbar spine surgery. Current documentation dated February 23, 2015 notes that the injured worker reported low back pain with radiation to the bilateral lower extremities. The injured worker also noted increased pain in the right lower extremity and numbness and tingling in the left foot. Examination of the lumbar spine revealed tenderness to palpation, spasms and a decreased range of motion. A straight leg

raise test was positive on the left side. The patient has had MRI of the lumbar spine on 8/30/13 that revealed disc bulge with foraminal narrowing, The patient has had EMG of the LE study on 4/1/15 that revealed bilateral S1 radiculopathy. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptics like gabapentin are medically appropriate and necessary in this patient. The request of Gabapentin 600mg #90 is medically necessary and appropriate for this patient.

Ketoprofen (CM-3) 20% (one refill): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Ketoprofen (CM-3) 20% (one refill). According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Ketoprofen is a NSAID. Per the cited guidelines, "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." Per the cited guidelines, "Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The medical necessity of the request for Ketoprofen (CM-3) 20% (one refill) is not fully established in this patient.