

<b>Case Number:</b>	CM15-0242552		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	12/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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, Indiana, 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 49 year old male, who sustained an industrial injury on 8-16-2012. A review of the medical records indicates that the injured worker is undergoing treatment for stable right hip replacement, rule out nerve injury. The Primary Treating Physician's report dated 11-3-2015, noted the injured worker was status post right hip replacement and subsequent incision and drainage for a right thigh wound, with his hip feeling better, with some radiating pain down his right lower extremity into his toes. The physical examination was noted to show right hip healed anterior and lateral incisions with mild pain with range of motion (ROM) and distally neurovascularly intact grossly. The Physician noted imaging showed the right hip replacement well aligned and in good position. The treatment plan was noted to include electromyography (EMG) nerve conduction study (NCS) to bilateral lower extremities and scar cream for scar sensitivity. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 11-23-2015, requested electromyography (EMG) and nerve conduction velocity (NCV) studies of right lower extremity, electromyography (EMG) and nerve conduction velocity (NCV) studies of left lower extremity, and Terocin-Compound Scar cream: Qty: unspecified; Refills: unspecified; apply thin later to affected area 3 to 4 times a day or as directed. The Utilization Review (UR) dated 12-3-2015, non-certified the requests for electromyography (EMG) and nerve conduction velocity (NCV) studies of right lower extremity, electromyography (EMG) and nerve conduction velocity (NCV) studies of left lower extremity, and Terocin-Compound Scar cream: Qty: unspecified; Refills: unspecified; apply thin later to affected area 3 to 4 times a day or as directed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) and Nerve conduction velocity (NCV) studies of right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic).

**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 section, EMG/NCV.

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, Electromyography (EMG) and Nerve conduction velocity (NCV) studies of right lower extremity is not medically necessary. Nerve conduction studies 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. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnosis is stable right hip replacement, rule out nerve injury. Date of injury is August 16, 2012. Request for authorization is November 23, 2015. There is no hard copy of the RFA in the medical record. According to a November 3, 2015 progress note, the injured worker status post right hip replacement with subsequent incision and drainage in December 2014. Objectively, there are healed anterior and lateral incisions. There is pain with mild range of motion. The region is soft and the distal vascular bundle intact. There are no subjective symptoms of radiculopathy. There are no objective clinical neurologic findings of radiculopathy. There is no clinical indication or rationale for EMG and nerve conduction velocity studies. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Electromyography (EMG) and Nerve conduction velocity (NCV) studies of right lower extremity is not medically necessary.

**Electromyography (EMG) and Nerve conduction velocity (NCV) studies of left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**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 section, EMG/NCV.

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, Electromyography (EMG) and Nerve conduction velocity (NCV) studies of left lower extremity is not medically necessary. Nerve conduction studies 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. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnosis is stable right hip replacement, rule out nerve injury. Date of injury is August 16, 2012. Request for authorization is November 23, 2015. There is no hard copy of the RFA in the medical record. According to a November 3, 2015 progress note, the injured worker status post right hip replacement with subsequent incision and drainage in December 2014. Objectively, there are healed anterior and lateral incisions. There is pain with mild range of motion. The region is soft and the distal vascular bundle intact. There are no subjective symptoms of radiculopathy. There are no objective clinical neurologic findings of radiculopathy. There is no clinical indication or rationale for EMG and nerve conduction velocity studies. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Electromyography (EMG) and Nerve conduction velocity (NCV) studies of left lower extremity is not medically necessary.

**Terocin/Compound Scar cream: Qty: unspecified; Refills: unspecified; apply thin later to affected area 3 to 4 times a day or as directed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin compound scar cream, quantity unspecified, refill unspecified, apply thin layer to affected area 3 to 4 times per day or as directed is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin contains lidocaine, Capsaicin and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnosis is stable right hip replacement, rule out nerve injury. Date of injury is August 16, 2012. Request for authorization is November 23, 2015. There is no hard copy of the RFA in the medical record. According to a November 3, 2015 progress note, the injured worker status post right hip replacement with subsequent incision and drainage in December 2014. Objectively, there are healed anterior and lateral incisions. There is pain with mild range of motion. The region is soft and the distal vascular bundle intact. There are no subjective

symptoms of radiculopathy. There are no objective clinical neurologic findings of radiculopathy. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. The strength of Capsaicin is not specified. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (lidocaine) that is not recommended is not recommended. Consequently, Terocin compound scar cream, quantity unspecified, refill unspecified, apply thin layer to affected area 3 to 4 times per day or as directed is not recommended. Based on clinical information in the medical record and the evidence-based guidelines, Terocin compound scar cream, quantity unspecified, refill unspecified, apply thin layer to affected area 3 to 4 times per day or as directed is not medically necessary.