

<b>Case Number:</b>	CM15-0122300		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 38 year old male, who sustained an industrial injury on 7/17/2012. Injury occurred when he slipped getting out of his truck and fell 4 to 5 feet, striking his lower back and buttock on two the truck steps and landing the ground. Records documented 7/15/14 EMG findings of borderline right L5/S1 radiculopathy with suggestion of proximal demyelination without axonal denervation. The 2/28/15 lumbar spine MRI documented central annular tears and disc protrusions at L4/5 and L5/S1 contacting, but not impinging the descending nerve roots. There were small bilateral facet joint effusions at every lumbar level. The 5/6/15 treating physician report cited severe low back pain radiating down both legs. Pain woke him up at night. Conservative treatment had included medications, physical therapy, chiropractic, acupuncture, and activity modification. Current medications included Norco and Flexeril. Physical exam documented lower lumbar and paraspinal tenderness and spasms, diminished range of motion, and positive straight leg raise. There was right 4/5 dorsiflexion, plantar flexion, extensor hallucis longus, and extensor digitorum brevis weakness, diminished right Achilles reflex, and decreased sensation over both posterolateral thighs and right lateral calf. The diagnosis was moderate to severe degenerative disc disease with disc protrusion at L5/S1 and Modic Type 2 changes and facet hypertrophy, moderate L5/S1 disc degeneration with disc protrusion and congenital central spinal stenosis, and bilateral lumbar radiculopathy. The treatment plan requested L4/5 and L5/S1 laminectomy and discectomy and associated surgical requests, Norco 10/325 mg #120, Flexeril 7.5 mg #0, and Flurbiprofen topical cream. Authorization was also requested for EMG/NCS (nerve conduction study) of the bilateral lower

extremities to rule-out radiculopathy, Terocin patches #30, and Genicin 500 mg #90. The 6/2/15 utilization review certified the request for L4/5 and L5/S1 laminectomy and discectomy with associated surgical requests, Norco 10/325 mg #120, Flexeril 7.5 mg #0, and Flurbiprofen topical cream. The request for bilateral lower extremity EMG/NCS study was non-certified as there was prior electrodiagnostic evidence of left L5 and bilateral S1 radiculopathies and supportive clinical evidence of radiculopathy with no change in clinical exam findings to support the medical necessity of this request. The request for Terocin patches #30 was non-certified as there was no indication that the patient had not responded to or was intolerant of other treatments. The request for Genicin 500 mg #90 was non-certified as there was no medical rationale for the use of this medication and the provider stated it was not needed in the peer discussion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCS bilateral lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: EMGs (electromyography); Nerve conduction studies (NCS).

**Decision rationale:** The California MTUS guidelines state that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. EMG is not recommended for clinically obvious radiculopathy. The Official Disability Guidelines (ODG) state that EMG's are not necessary if radiculopathy is already clinically obvious. The ODG state that nerve conduction studies are not recommended. Guidelines state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Guideline criteria have not been met. This injured worker presents with persistent low back pain radiating to the lower extremities. Clinical exam findings, imaging, and prior electrodiagnostic study are consistent with lumbosacral radiculopathy. There is no compelling reason to support the medical necessity of additional electrodiagnostic testing to confirm radiculopathy at this time. Therefore, this request is not medically necessary.

**Terocin patches #30 prescribed on 05/06/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

**Decision rationale:** The California MTUS does not provide specific recommendations for Terocin patches. Terocin patches include capsaicin, lidocaine, menthol, and methyl salicylate. Lidocaine patches are recommended for localized peripheral pain after a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Capsaicin is supported as an option in patients who have not responded or are intolerant to other treatments. Guideline criteria have not been met for the initiation of this medication. There is no clinical evidence that the injured worker had trialed and failed first-line neuropathic treatment, or had not responded to or was intolerant of other treatments. Therefore, this request is not medically necessary.

**Genicin 500mg #90 prescribed on 05/06/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Glucosamine.

**Decision rationale:** The California MTUS guidelines recommend the use of glucosamine sulfate as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. The Official Disability Guidelines state that glucosamine is not recommended for back pain. Guidelines state that glucosamine is not significantly different from placebo for reducing pain-related disability or improving health-related quality of life in patients with chronic low back pain (LBP) and degenerative lumbar osteoarthritis, and it should not be recommended for patients with lower back pain. Guideline criteria have not been met. This injured worker presents with a diagnosis of lumbar degenerative disc disease and disc protrusion. There is no compelling reason to support the addition of this medication in the absence of guideline support. Therefore, this request is not medically necessary.