

<b>Case Number:</b>	CM15-0066681		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/06/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female, who sustained an industrial injury on October 6, 2014, incurred back injuries after carrying a heavy box. She was diagnosed with lumbago and a lumbar sprain. Treatment included back support, anti-inflammatory drugs, and physical therapy. Currently, the injured worker complained of lower back pain with radiating pain and numbness into the left lower extremity. The treatment plan that was requested for authorization included Electromyography/Nerve Conduction Velocity of bilateral lower extremities, and prescriptions for Tramadol and topical cream Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of Bilateral Lower Extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation low back chapter, Nerve conduction study, Electrodiagnostic studies (EDS).

**Decision rationale:** The patient presents with lower back pain with radiating pain and numbness into the lower extremity, rated 4/10. The request is for EMG/NCV of Bilateral Lower Extremities. The RFA provided is dated 03/25/15 and the patient's date of injury is 10/06/14. Diagnoses include lumbago, lumbar sprain and lumbar radiculopathy, per 03/23/15 report. Per 11/11/14 report, physical examination of the lumbar spine revealed tenderness, guarding and spasm in the left paravertebral region, sciatic notch and gluteus medius. Straight leg raise test is positive on the left. The toe-walk test was positive with pain. Decreased range of motion, especially on extension, 15 degrees. Treater makes note of a recent MRI of the lumbar spine, but the findings were not provided for review. Treatment to date included back support, anti-inflammatory drugs, and physical therapy. The patient is working on modified duty. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Regarding Nerve conduction studies, ODG guidelines Low Back Chapter, under Nerve conduction studies states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back." In this case, there is no reference to prior EMG or NCV and the patient continues with back pain with radicular symptoms for more than 3 to 4 weeks. The patient presents with radiating symptoms with numbness into the lower extremities, a diagnosis of radiculitis and supporting physical examination findings to the lumbar spine. Treater intends to rule out radiculopathy. Given findings and diagnosis, the request appears reasonable and in accordance with guideline indications. Therefore, the requested EMG/NCV is medically necessary.

**Tramadol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Tramadol (Ultram) Page(s): 88-89, 76-78, 113.

**Decision rationale:** The patient presents with lower back pain with radiating pain and numbness into the lower extremity, rated 4/10. The request is for TRAMADOL. The RFA provided is dated 03/25/15 and the patient's date of injury is 10/06/14. Diagnoses include lumbago, lumbar sprain and lumbar radiculopathy, per 03/23/15 report. Per 11/11/14 report, physical examination of the lumbar spine revealed tenderness, guarding and spasm in the left paravertebral region, sciatic notch and gluteus medius. Straight leg raise test is positive on the left. The toe-walk test was positive with pain. Decreased range of motion, especially on extension, 15 degrees. Treater makes note of a recent MRI of the lumbar spine, but the findings were not provided for review. Treatment to date included back support, anti-inflammatory drugs, and physical therapy. Current

medications include Tramadol and topical Cyclobenzaprine. The patient is working on modified duty. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater did not provide a reason for the request and reports do not discuss medication use. The use of opiates require detailed documentation regarding pain and function as required by MTUS. Treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request for Tramadol is not medically necessary.

**Topical Cream Cyclobenzaprine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113.

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

**Decision rationale:** The patient presents with lower back pain with radiating pain and numbness into the lower extremity, rated 4/10. The request is for Topical Cream Cyclobenzaprine. The RFA provided is dated 03/25/15 and the patient's date of injury is 10/06/14. Diagnoses include lumbago, lumbar sprain and lumbar radiculopathy, per 03/23/15 report. Per 11/11/14 report, physical examination of the lumbar spine revealed tenderness, guarding and spasm in the left paravertebral region, sciatic notch and gluteus medius. Straight leg raise test is positive on the left. The toe-walk test was positive with pain. Decreased range of motion, especially on extension, 15 degrees. Treater makes note of a recent MRI of the lumbar spine, but the findings were not provided for review. Treatment to date included back support, anti-inflammatory drugs, and physical therapy. Current medications include Tramadol and topical Cyclobenzaprine. The patient is working on modified duty. The MTUS has the following regarding topical creams (p 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In this case, treater did not provide a reason for the request and reports do not discuss medication use. MTUS page 111 states that if one of the compounded topical product is not recommended,

then the entire product is not. In this case, the requested topical cream is Cyclobenzaprine, which is not supported for topical use in lotion for per MTUS. This request does not meet guideline recommendations. Therefore, the request is not medically necessary.