MAXIMUS Federal Services

Case Number:	CM15-0072393		
Date Assigned:	04/22/2015	Date of Injury:	04/10/2001
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/16/2015

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 46-year-old female, who sustained an industrial injury on 4/10/01. She reported a back injury. The injured worker was diagnosed as having facet arthropathy L3-4, L4-5 and l5-S1; lumbar radiculopathy and degenerative disc disease of the lumbar spine. Treatment to date has included thoracic epidural steroidal injections, physical therapy, home exercise program, chiropractic therapy, aqua therapy and oral medications including opioids. Currently, the injured worker complains of low back pain rated 8-10/10. The injured worker states the thoracic epidural steroidal injections have provided her with dramatic relief. Physical exam noted diffuse tenderness to palpation of the lumbar spine extending into the left paraspinal region, tenderness to palpation of thoracic spine extending to left paraspinal and limited range of motion of lumbar spine with tenderness to palpation over the left facet region. A request for authorization was submitted for LidoPro topical ointment and (EMG) Electromyogram of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Pro topical ointment with applicator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals; Lidocaine, topical. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. 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, Lidopro topical ointment with applicator 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains Capsaicin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. 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. In this case, the injured worker's working diagnoses are facet arthropathy: lumbar radiculopathy; and degenerative disc disease. Subjectively, according to a February 23, 2015 progress note, the injured worker has complaints of low back pain 8/10. She has undergone multiple epidural steroid injections every six months with recurrent pain when she does not receive one. She has received chiropractic treatment and aquatic therapy. Objectively, the documentation shows diffuse tenderness of the lumbar spine paraspinal muscles, positive facet loading at L4-L5 and L5-S1 facet. Motor examination is normal. Sensation is intact in the bilateral lower extremities. There is positive straight leg raising on the left. Capsaicin 0.0325% is not recommended. Lidocaine and non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Capsaicin 0.0325% and lidocaine and non-Lidoderm form) that is not recommended is not recommended. Consequently, Lidopro ointment with applicator is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidopro topical ointment with applicator is not medically necessary.

One Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, EMG.

Decision rationale: Pursuant to the Official Disability Guidelines, one bilateral lower extremity EMG 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 based on 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 diagnoses are facet arthropathy Emmy: lumbar radiculopathy; and degenerative disc disease. Subjectively, according to a February 23, 2015 progress note, the injured worker has complaints of low back pain 8/10. She has undergone multiple epidural steroid injections every six months with recurrent pain when she does not receive one. She has received chiropractic treatment and aqua therapy. Objectively, the documentation shows diffuse tenderness vocation of the lumbar spine, positive facet loading at L4-L5 and L5-S1 facet. Motor examination is normal. Sensation is intact in the bilateral lower extremities. There is positive straight leg raising on the left. MRI lumbar spine showed retrolisthesis L5-S1 with severe degenerative disc disease and mild to moderate canal stenosis and moderate to severe bilateral neural foraminal narrowing contact of the exiting nerve roots and posterior forming roots. There are no clinical symptoms or signs (objectively) of radiculopathy on physical examination. There are no unequivocal objective findings and identify specific nerve compromise on the neurologic examination. Additionally, there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms based on radiculopathy. This patient is presumed to have symptoms on the basis of radiculopathy. Consequently, absent clinical documentation with a clinical indication/rationale for EMGs of the bilateral lower extremities, bilateral lower extremity EMG is not medically necessary.