

Case Number:	CM15-0091977		
Date Assigned:	05/18/2015	Date of Injury:	11/19/2013
Decision Date:	07/09/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/12/2015

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:

This 49-year-old female sustained an industrial injury on 11/19/13. She subsequently reported back pain. Diagnoses include degenerative disc disease of the lumbar spine, lumbar radiculopathy and patella chondromalacia of the left knee. Treatments to date include nerve conduction, MRI and x-ray testing, chiropractic care, injections, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the left lower extremity as well as left knee pain. Upon examination, lower extremity sensation was intact bilaterally. Lumbar spine range of motion was reduced. Straight leg raise was positive on the left at 60 degrees causing back pain and was negative on the right. A request for Lidopro ointment, NCV right lower extremity, EMG right lower extremity and med panel was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment 4oz #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 104, 111-112.

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

Decision rationale: The patient presents low back pain, rated 5/10, radiating to the left lower extremity and left knee pain. The request is for LIDOPRO TOPICAL OINTMENT 4 OZ #1. Patient is status post left knee surgery 09/19/14. Physical examination on 03/03/15 to the lumbar spine revealed reduced range of motion in all planes. Examination to the left knee on 01/22/15 revealed no specific area of tenderness over the medial/lateral joint line. Patient's treatments include medication, home exercise program and physical therapy to the left knee. Per 03/03/15 progress report, patient's diagnosis include DDD of the lumbar spine, and lumbar radiculopathy. Patient's medications, per 01/22/15 progress report includes Motrin. Patient is temporarily partially disabled for six weeks, per 03/03/15 progress report. LidoPro ointment contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. " MTUS further states, "Any compounded product that contains at least 1 (or a drug class) that is not recommended is not recommended. " Treater does not discuss this request. The MTUS only supports Lidopro in a patch formulation and not as an ointment, lotion, gel or other forms. Furthermore, 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 Lidopro ointment contains Lidocaine, which is not supported for topical use in cream form per MTUS. Therefore the request IS NOT medically necessary.

NCV right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, under Nerve conduction studies.

Decision rationale: The patient presents low back pain, rated 5/10, radiating to the left lower extremity and left knee pain. The request is for NCV RIGHT LOWER EXTREMITY. Patient is status post left knee surgery 09/19/14. Physical examination on 03/03/15 to the lumbar spine revealed reduced range of motion in all planes. Examination to the left knee on 01/22/15 revealed no specific area of tenderness over the medial/lateral joint line. Patient's treatments include medication, home exercise program and physical therapy to the left knee. Per 03/03/15 progress report, patient's diagnosis include DDD of the lumbar spine, and lumbar radiculopathy. Patient's medications, per 01/22/15 progress report includes Motrin. Patient is temporarily partially disabled for six weeks, per 03/03/15 progress report. 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 progress report dated 03/03/15 under Treatment Plan, treater states, "I am requesting an EMG/NCV of the bilateral lower extremities in an attempt to establish a diagnosis for the patient's lower extremity complaints, which have not been fully worked up. The EMG/NCV is also required in order to rule out causes of neurologic complaints in the lower extremities other than radiculopathy. " The patient present with low back radiating to the left lower extremity.

Review of the medical records provided did not indicate a prior NCV of the lower extremity. The request appears to be reasonable and therefore, it IS medically necessary.

EMG right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents low back pain, rated 5/10, radiating to the left lower extremity and left knee pain. The request is for EMG RIGHT LOWER EXTREMITY. Patient is status post left knee surgery 09/19/14. Physical examination on 03/03/15 to the lumbar spine revealed reduced range of motion in all planes. Examination to the left knee on 01/22/15 revealed no specific area of tenderness over the medial/lateral joint line. Patient's treatments include medication, home exercise program and physical therapy to the left knee. Per 03/03/15 progress report, patient's diagnosis include DDD of the lumbar spine, and lumbar radiculopathy. Patient's medications, per 01/22/15 progress report includes Motrin. Patient is temporarily partially disabled for six weeks, per 03/03/15 progress report. 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. " In progress report dated 03/03/15 under Treatment Plan, treater states, "I am requesting an EMG/NCV of the bilateral lower extremities in an attempt to establish a diagnosis for the patient's lower extremity complaints, which have not been fully worked up. The EMG/NCV is also required in order to rule out causes of neurologic complaints in the lower extremities other than radiculopathy. " The patient continues with low back radiating to the left lower extremity. Review of the medical records provided did not indicate a prior EMG of the lower extremity. ACOEM supports this testing for patients presenting with low back pain. The request is reasonable. Therefore, the request IS medically necessary.

Med panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lab monitoring Page(s): 70.

Decision rationale: The patient presents low back pain, rated 5/10, radiating to the left lower extremity and left knee pain. The request is for MED PANEL. Patient is status post left knee surgery 09/19/14. Physical examination on 03/03/15 to the lumbar spine revealed reduced range of motion in all planes. Examination to the left knee on 01/22/15 revealed no specific area of tenderness over the medial/lateral joint line. Patient's treatments include medication, home exercise program and physical therapy to the left knee. Per 03/03/15 progress report, patient's diagnosis include DDD of the lumbar spine, and lumbar radiculopathy. Patient's medications, per 01/22/15 progress report includes Motrin. Patient is temporarily partially disabled for six weeks, per 03/03/15 progress report. MTUS guidelines p70 states, "FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: Package inserts for NSAIDS recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to

measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended." In progress report dated 03/03/15, treater is requesting a med panel [possibly "metabolic panel," a laboratory testing] to evaluate for complications with medication use to maximize medication safety. There is no evidence of a recent or prior laboratory testing and MTUS does support chemistry profile for oral NSAID use. The request IS medically necessary.