

<b>Case Number:</b>	CM15-0098371		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	03/19/2015
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 40-year-old male, who sustained an industrial/work injury on 3/19/15. He reported initial complaints of neck, back, back of head pain. The injured worker was diagnosed as having back contusion, sprain lumbar region, sprain of neck, and contusion face/scalp/ neck. Treatment to date has included medication, chiropractor, and diagnostics. X-Rays results reported neuroforaminal stenosis at C3-4 and C4-5 and no instability. There was moderate to severe disc space narrowing at L5-S1. Currently, the injured worker complains of localized moderately severe wrist and back pain, exacerbated by range of motion. Per the primary physician's progress report (PR-2) on 3/30/15, examination revealed persistent numbness and tingling with radiation into the bilateral upper extremities, limited range of motion, mid-back pain with radiation into the legs and toes. There was restricted cervical, thoracic, and lumbar range of motion, global weakness in the upper extremities. Current plan of care included modified duty and medication. The requested treatments include APAP (acetaminophen) with Codeine, Ketoprofen cream, EMG (Electromyography)/ NCS (Nerve Conduction Study) of the bilateral lower extremities, and Neurology consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP (acetaminophen) with Codeine #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain Page(s): 60-61.

**Decision rationale:** Based on the 3/30/15 progress report provided by the treating physician, this patient presents with localized wrist pain in radial aspect of left wrist, which is moderately severe, constant, and exacerbated by any range of motion, and back pain rated 10/10, exacerbated by sitting/standing with no radiation of symptoms. The treater has asked for APAP (ACETAMINOPHEN) WITH CODEINE, #60 but the requesting progress report is not included in the provided documentation. The patient's diagnosis per request for authorization form dated 4/9/15 is sprain/strain cervical spine. The patient is s/p a fall from a 3-story ladder 8 days ago per 3/27/15 report. The patient was sore in the neck, back, and back of his head but continued working in subsequent days per 3/27/15 report. The patient had negative CT of the brain, C-spine, chest, and abdomen per 3/27/15 report. The treater states that a preliminary reading of left wrist x-rays are negative to his reading per 3/30/15 report. The patient has not had prior chiropractic therapy per 3/30/15 report. The patient was dispensed a hot/cold therapy pack and a back heat therapy pad per 3/27/15 report. The patient is to be off the balance for this shift only, with expected MMI date of 4/30/15. Regarding medications for chronic pain MTUS Guidelines pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." The treater does not discuss this request in the reports provided. The patient is s/p a fall from a 3-story building with localized wrist pain in radial aspect of left wrist, as well as non-radicular back pain per 3/30/15 report. The patient was discharged with unspecified quantity of Norco and Nabumetone during office visit dated 3/27/15 per report of the same date. In regard to the prescription of APAP/Codeine, the request is indicated. This is the initiating prescription of this medication. A trial of APAP/Codeine appears reasonable for patient's acute pain from a recent fall. Therefore, the request IS medically necessary.

**Ketoprofen cream #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Topical Analgesics.

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

**Decision rationale:** Based on the 3/30/15 progress report provided by the treating physician, this patient presents with localized wrist pain in radial aspect of left wrist, which is moderately severe, constant, and exacerbated by any range of motion, and back pain rated 10/10, exacerbated by sitting/standing with no radiation of symptoms. The treater has asked for KETOPROFEN CREAM #1 but the requesting progress report is not included in the provided documentation. The patient's diagnosis per request for authorization form dated 4/9/15 is sprain/strain cervical spine. The patient is s/p a fall from a 3-story ladder 8 days ago per 3/27/15 report. The patient was sore in the neck, back, and back of his head but continued working in subsequent days per 3/27/15 report. The patient had negative CT of the brain, C- spine, chest, and abdomen per 3/27/15 report. The treater states that a preliminary reading of left wrist x-rays are negative to his reading per 3/30/15 report. The patient has not had prior chiropractic therapy per 3/30/15 report. The patient was dispensed a hot/cold therapy pack and a back heat therapy pad per 3/27/15 report. The patient is to be off the balance for this shift only, with expected MMI date of 4/30/15. MTUS guidelines have the following regarding topical creams (p111, chronic pain section): "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety". 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): Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000) MTUS specifically states, however, that Ketoprofen is not currently FDA approved for a topical application. In this case, the patient presents with acute pain from a recent fall. Given the lack of support from MTUS for this topical medication, however, the request IS NOT medically necessary.

**EMG (Electromyography)/ NCS (Nerve Conduction Study) 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 ODG (Official Disability Guidelines) Low Back Chapter, EMG's electromyography, NCS nerve conduction study.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

**Decision rationale:** Based on the 3/30/15 progress report provided by the treating physician, this patient presents with localized wrist pain in radial aspect of left wrist, which is moderately severe, constant, and exacerbated by any range of motion, and back pain rated 10/10, exacerbated by sitting/standing with no radiation of symptoms. The treater has asked for EMG (ELECTROMYEOGRAPHY)/ NCS (NERVE CONDUCTION STUDY) OF THE BILATERAL LOWER EXTREMITIES but the requesting progress report is not included in the provided documentation. The patient's diagnosis per request for authorization form dated 4/9/15 is sprain/strain cervical spine. The patient is s/p a fall from a 3-story ladder 8 days ago per 3/27/15 report. The patient was sore in the neck, back, and back of his head but continued working in subsequent days per 3/27/15 report. The patient had negative CT of the brain, C- spine, chest, and abdomen per 3/27/15 report. The treater states that a preliminary reading of left wrist x-rays are negative to his reading per 3/30/15 report. The patient has not had prior chiropractic therapy per 3/30/15 report. The patient was dispensed a hot/cold therapy pack and a back heat therapy pad per 3/27/15 report. The patient is to return to work with restrictions as

of 3/31/15 with expected MMI date of 4/30/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electro diagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In reference to specialized studies of the neck, MTUS guidelines state that electromyography tests may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The treater does not discuss this request in the reports provided. The treater is requesting electro diagnostic studies of the bilateral lower extremities. Given that there is no evidence of prior EMG/NCV studies, the request for lower extremity EMG is reasonable for patient's ongoing symptoms. However, the NCV of the lower extremities is not indicated for radicular pain per ODG guidelines. Therefore, the request for electromyography and nerve conduction study of the bilateral lower extremities IS NOT medically necessary.

**Neurology consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** Based on the 3/30/15 progress report provided by the treating physician, this patient presents with localized wrist pain in radial aspect of left wrist, which is moderately severe, constant, and exacerbated by any range of motion, and back pain rated 10/10, exacerbated by sitting/standing with no radiation of symptoms. The treater has asked for NEUROLOGY CONSULTATION but the requesting progress report is not included in the provided documentation. The patient's diagnosis per request for authorization form dated 4/9/15 is sprain/strain cervical spine. The patient is s/p a fall from a 3-story ladder 8 days ago per 3/27/15 report. The patient was sore in the neck, back, and back of his head but continued working in subsequent days per 3/27/15 report. The patient had negative CT of the brain, C-spine, chest, and abdomen per 3/27/15 report. The treater states that a preliminary reading of left wrist x-rays are negative to his reading per 3/30/15 report. The patient has not had prior chiropractic therapy per 3/30/15 report. The patient was dispensed a hot/cold therapy pack and a back heat therapy pad per 3/27/15 report. The patient is to be off the balance for this shift only, with expected MMI date of 4/30/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the patient presents with ongoing pain in the back of the head per 3/27/15 report. A consultation with a neurologist appears reasonable for patient has continued head complaints post-fall. The requested neurology consultation with

IS medically necessary.