

Case Number:	CM15-0099206		
Date Assigned:	06/01/2015	Date of Injury:	09/02/2014
Decision Date:	07/08/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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 47year old female, who sustained an industrial injury on 9/2/2014. She reported pain of the shoulders, hands and low back. The injured worker was diagnosed as having cervical spine strain/sprain, bilateral shoulder strain, bilateral wrist contusion strain, and lumbar spine discopathy. Treatment to date has included magnetic resonance imaging of the lumbar spine (4/8/2015), rigid wrist splints, and chiropractic therapy. The request is for EMG/NCV of the bilateral lower extremities, Tramadol/Acetaminophen, Flurbiprofen/Gabapentin/Cyclobenzaprine/Baclofen/Lidocaine cream. On 4/20/2015, she complained of continued aching in the shoulders and hands. She is working full duty. She rated her back and leg pain 7-8/10, shoulder pain as 4/10, and hand pain 4-6/10. She is attending chiropractic therapy. Physical findings are noted as an abnormal gait. The shoulders have tenderness in the acromioclavicular joint, no instability, and crepitus on motion. Testing revealed negative Neer's, Hawkins, O'Brien's and drop arm tests, and positive impingement sign. The hands are positive for Tinel's sign and Phalen's sign. The lumbar spine had tenderness and muscle spasms. A sciatic nerve compression is positive bilaterally. The treatment plan included: smart gloves, splinting, and EMG/NCV studies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303, 260-262.

Decision rationale: The patient was injured on 09/02/14 and presents with shoulder pain, hand pain, and low back pain. The request is for EMG/NCV Bilateral Lower Extremities. The utilization review denial letter did not provide a rationale. The RFA is dated 04/20/15 and the patient is on temporary total disability. There are no prior EMG/NCV studies provided for review. 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." ODG guidelines under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic 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". The reason for the request is not provided. The patient has tenderness along the acromioclavicular joint, crepitus on motion, a positive impingement sign, a positive Tinel's sign, a positive Phalen's sign, tenderness along the forearm, tenderness along the paraspinous musculature of the lumbar spine, and a restricted lumbar spine range of motion. She is diagnosed with cervical spine strain/sprain, bilateral shoulder strain, bilateral wrist contusion strain, and lumbar spine discopathy. Treatment to date has included magnetic resonance imaging of the lumbar spine (4/8/2015), rigid wrist splints, and chiropractic therapy. Given that the patient has not had a prior EMG/NCV of the bilateral lower extremities and continues to have low back pain, the requested EMG/NCV appears medically reasonable. The request is medically necessary.

Tramadol/acetaminophen 37.5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opiates Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 09/02/14 and presents with shoulder pain, hand pain, and low back pain. The request is for Tramadol/Acetaminophen 37.5/ 325 MG #60. The RFA is dated 04/20/15 and the patient is on temporary total disability. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" 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, criteria for use of opiates, ongoing management also requires documentation of the 4 A's (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. On 11/24/14, she rated her pain as an 8/10 and on 01/15/15, she rated it as a 5-6/10. On 02/20/15, the patient rated her pain as an 8/10. On 04/20/15, she rated her low back and leg pain as a 7-8/10, her shoulder pain as a 4/10, and her hand pain as a 4-6/10. In this case, none of the 4As are addressed as required by MTUS Guidelines. Although the treater provides a general pain scale, there are no before and after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treater did have a urine drug screen conducted on 02/20/15; however, the results of the UDS are not clear. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol/Acetaminophen is not medically necessary.

Flurbiprofen/gabapentin/cyclobenzaprine/baclofen/lidocaine 15/10/2/2/5% cream 240g:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was injured on 09/02/14 and presents with shoulder pain, hand pain, and low back pain. The request is for Flurbiprofen/ Gabapentin/ Cyclobenzaprine/ Baclofen/ Lidocaine 15 /10 /2 /2 /5 % Cream 240 g. The RFA is dated 04/20/15 and the patient is on temporary total disability. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. "Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product". Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. MTUS continues to state that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen". The patient has

tenderness along the acromioclavicular joint, crepitus on motion, a positive impingement sign, a positive Tinel's sign, a positive Phalen's sign, tenderness along the forearm, tenderness along the paraspinous musculature of the lumbar spine, and a restricted lumbar spine range of motion. She is diagnosed with cervical spine strain/sprain, bilateral shoulder strain, bilateral wrist contusion strain, and lumbar spine discopathy. Treatment to date has included magnetic resonance imaging of the lumbar spine (4/8/2015), rigid wrist splints, and chiropractic therapy. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. In this case, neither Gabapentin, Cyclobenzaprine, Baclofen, or Lidocaine (in a non-patch form) are indicated in a topical formulation. Therefore, the requested compounded medication is not medically necessary.