

Case Number:	CM13-0002278		
Date Assigned:	11/22/2013	Date of Injury:	06/09/2013
Decision Date:	02/28/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66-year-old female who reported an injury on 6/9/13. The mechanism of injury was loading and lifting heavy boxes from a shopping cart and preparing to setup for demonstration; she developed pain in the upper and lower back and to the left side of the neck. The patient underwent six sessions of physical therapy. The patient had decreased range of motion in the cervical spine and the lumbar spine. The patient was noted to have tenderness to palpation over the paraspinals and quadratus lumborum muscles bilaterally. The patient's diagnoses were cervical spine sprain/strain, rule out cervical radiculopathy, thoracic spine and lumbar spine sprain/strain, and rule out lumbar radiculopathy, insomnia, and anxiety/stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation. Acupuncture can be used to reduce pain, reduce inflammation, increase

blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3-6 treatments. There was a lack of documentation indicating the patient's pain medication was reduced or not tolerated and that the acupuncture would be used as an adjunct to physical rehabilitation. Additionally, there was lack of documentation indicating the duration of treatment being requested, as well as the specific body part to be treated. Given the above and the lack of documentation per the submitted request, the request is not medically necessary

functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pages 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The ACOEM guidelines do not address the criteria for functional capacity evaluations. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a functional capacity evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. However, the evaluation should not be performed if the main purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review failed to indicate the patient had a prior unsuccessful attempt to return to work. Given the above, the request is not medically necessary.

neurostimulator TENS/EMS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116, 121.

Decision rationale: The California MTUS recommends a one-month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations.

Additionally, there is lack of documentation indicating whether the request was for rental or purchase. Given the above and the lack of documentation, the request is not medically necessary.

topical compound made up of Capsaicin 0.025%, Flurbiprofen 30%, and Methyl Salicylate 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72, 105, 111-112.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another two-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The submitted request failed to indicate a quantity. As neither Flurbiprofen nor Tramadol are supported in topical form, the request is not medically necessary.

30 Medrox patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. These guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended individually is not recommended as a compounded whole. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness." Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, and there have been no studies of a 0.0375% formulation. There is no current indication that this increase over a 0.025% formulation would provide any further efficacy. There was a lack of documentation indicating the patient was not tolerant of/had not responded

to other treatments. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request is not medically necessary.