

Case Number:	CM13-0015988		
Date Assigned:	11/06/2013	Date of Injury:	04/10/2012
Decision Date:	09/12/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Family Medicine 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 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/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:

This is a 52 year old male patient who reported an industrial injury to the back and right shoulder on 4/10/2012, almost 2 years ago, attributed to the performance of customary job tasks. The patient complains of right shoulder and lower back pain. The objective findings on examination included lumbar spasms; TTP to L1-S1; reported SLR positive bilaterally; lumbar spine diminished ROM; right shoulder with 3+ TTP; spasms. The MRI of the lumbar spine documented evidence of a disc protrusion at L5-S1 that produces right lateral stenosis; disc bulge at L4-5. The diagnoses include lumbar spondylosis and myelopathy; right shoulder bursitis/tendonitis; right rotator cuff syndrome. The treatment plan included six sessions of chiropractic care; EMG/NCS of the BLEs; FCE; FlurFlex; TGHOT; Tramadol; Naproxen and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY TO HE LOW BACK AND RIGHT SHOULDER, 6 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s):

58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter--Manipulation.

Decision rationale: The patient is noted to be 2 years s/p DOI with a complaint of continued low back pain and right shoulder pain that was originally attributed to the cited mechanism of injury reported on the DOI. The objective findings documented by the requesting provider do not support the medical necessity for additional chiropractic care sessions for chronic pain for the treatment of shoulder pain and back pain with the diagnosis of sprain/strain; lumbar spine DDD; and radiculopathy. The patient is noted to have back pain and shoulder pain subsequent to the provided chiropractic care with no demonstrated functional improvement for the prior sessions of chiropractic care provided to this patient. The patient is reported to have short-term reduction in pain to the back with the previously provided chiropractic care; however, there was no sustained functional improvement. There are no MTUS recommendations for chiropractic care for the shoulder. The ACOEM Guidelines recommend no chiropractic care/CMT in the presence of a nerve impingement radiculopathy and do not recommend chiropractic care for chronic back pain. Chiropractic care is recommended for acute low back pain but not chronic back pain. The patient is noted to have only TTP upon examination with some diminished Range of Motion; and full strength. There are no recommendations for chiropractic care for chronic low back pain with the diagnosis of radiculopathy. The patient was provided prior sessions of chiropractic care with no demonstrated sustained functional improvement. There are no recommendations for maintenance chiropractic care. The request for additional chiropractic care exceeds the recommendations of the California MTUS. The treatment of the patient with chiropractic care/CMT is not supported with objective evidence for the cited objective findings on examination. The treating diagnoses do not support the medical necessity of additional chiropractic care as opposed to integration into a self-directed home exercise program. The CA MTUS recommends chiropractic care for acute back pain. The ACOEM Guidelines do not recommend chiropractic care for chronic low back pain. The CA MTUS does not recommend more than 18 sessions of chiropractic care to the lumbar spine for severe acute injuries. The recommendation for moderate strains to the lower back is up to nine (9) sessions of chiropractic care. The patient does not meet the criteria recommended for continued chiropractic care to the lumbar spine. The request for chiropractic care for the chronic back pain is not supported with objective evidence to support medical necessity and is not demonstrated to be effects of the industrial injury. The requested treatment is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the medical necessity of chiropractic care as opposed to the recommended home exercise program. The updated chronic pain chapter (8/8/08) of the ACOEM Guidelines only recommends chiropractic treatment for acute and subacute lower back and upper back/neck pain. The patient has chronic lower back pain and the CA MTUS and the ACOEM Guidelines do not recommend maintenance care or periodic treatment plans for flare up care. The ACOEM Guidelines do not recommend the use of chiropractic manipulation for the treatment of chronic lower back/neck pain or for radiculopathies due to nerve root impingement. The ACOEM Guidelines recommend chiropractic manipulation for the treatment of acute/subacute lower back pain but not for chronic back pain as there is no supporting evidence of the efficacy of chiropractic treatment for chronic lower back pain. The updated ACOEM Guidelines (revised 4/07/08) for the lower back do not recommend chiropractic manipulation for chronic lower back pain or for radiculopathy pain syndromes. Chiropractic intervention is recommended by the ACOEM Guidelines during the first few weeks of acute lower back pain but not for chronic

pain. The patient should be participating in a self-directed home exercise program for the treatment of her chronic lower back pain. The requested treatment is being directed to chronic back pain which is inconsistent with the recommendations of the revised ACOEM Guidelines for the treatment of the lower back. There is no documented objective evidence that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision.

EMG OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG and NCS.

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on the previously obtained MRI of the lumbar spine. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproducible on examination. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however, there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE EMG for the pain management of this patient. The request for the authorization of the EMG of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. The EMG was ordered to rule out pathology prior to the provision of a lumbar ESI; however, there was no rationale supported by objective evidence to support this rationale. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the electrodiagnostic testing.

NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) back chapter EMG; NCS.

Decision rationale: There is no objective evidence of any changes in the neurological status of the patient to warrant electrodiagnostic studies. The patient was documented to have a normal neurological examination other than reported subjective lateral leg numbness. There was no objective finding on examination of a sensory loss over a dermatomal distribution. There is no evidence of a nerve impingement radiculopathy on the two MRIs of the lumbar spine. The neurological examination was documented as normal. The MRI the lumbar spine fails to demonstrate a nerve impingement radiculopathy. The patient continues to complain of back pain. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs that were reproducible on examination. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of radiculitis; however there were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE NCS for the pain management of this patient. The request for the authorization of the NCS of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There is no documented nerve impingement radiculopathy. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The motor and sensory examination was documented to be normal. There are no equivocal MRI findings demonstrating a possible nerve entrapment radiculopathy. The MRI was not assessed as equivocal to support the medical necessity of the electrodiagnostic testing.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7 pages 132-139; chapter 7 pages 137-138 Official Disability Guidelines (ODG) fitness for duty chapter functional capacity evaluation.

Decision rationale: The request for a FCE for the evaluation of back and right shoulder pain was not supported with objective evidence to demonstrate medical necessity for the treatment of this industrial injury. The ODG recommends that the FCE is not ordered routinely. There are no complex issues identified, such as, prior unsuccessful attempt so return to work or conflicting reports for fitness to perform work. The objective findings on examination did not support the medical necessity of a FCE to establish work restrictions. There is no medical necessity for the requested functional capacity evaluation prior to evaluating whether or not the employer is able to accommodate the provided work restrictions. The Functional Capacity Evaluation (FCE) is not demonstrated to be medically necessary and has not been requested by the employer. The FCE is requested for chronic back/neck pain with no changes on the current documented objective findings on examination. The FCE was not demonstrated to be medically necessary for the

evaluation and treatment of the patient over two year after the cited DOI. The patient can be cleared without the medical necessity of an FCE based on the results of the documented physical examination. The objective findings on examination indicate that the patient would be able to perform the documented job requirements. There is no demonstrated medical necessity for the FCE to establish a clearance. The request for authorization was made to establish a "baseline" which was adequately provided with the documented physical examination. There are to recommendations by evidence based guidelines to perform a FCE to establish a baseline for the treatment of the patient for the cited industrial injury that is related to a lower back or shoulder diagnoses. There is no objective subjective/objective evidence provided to support the medical necessity of the requested functional capacity evaluation for the effects of the reported industrial injury or whether or not the ability to perform the patient's job description is affected. There is no indication that the FCE is required to establish the patient current status to perform modified work presently offered by the employer. There is no request from the employer to perform a FCE. There is no indication that the employer cannot accommodate the specified work restrictions due to the effects of the industrial injury to the low back. There is no demonstrated medical necessity for the FCE for the diagnosed back issues. The request for the FCE was not supported with objective medically based evidence to establish the medical necessity of a FCE for this patient and was request only to establish a "baseline". There is no demonstrated medical necessity for the requested FCE and the request is not supported with objective medically based evidence.

FLURFLEX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines topical analgesics; anit-inflammatory medications Page(s): 112-113; 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter--topical analgesics; topical analgesics compounded;.

Decision rationale: The prescription for FlurFlex topical creams is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no demonstrated medical necessity for more than OTC medications and topical available OTC. The prescribed topical creams are not medically necessary over numerous sports creams available OTC. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of topical NSAIDS is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDS. The use of a

topical NSAID is only demonstrated to be effective for a short term basis and is not medically necessary. The prescription of topical compounded medications in addition to the prescribed oral medications is not medically necessary. The request for the topical compounded analgesic FlurFlex topical creams is not medically necessary for the treatment of the patient for the treatment of chronic pain. The use of the topical creams does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prescription is accompanied with a state of medical necessity by the vendor which states that "compounded medications are not absorbed by the stomach so they do not cause any of the dangerous die effects that may be experienced by taking medications orally (i.e. damage to the liver and kidneys). In fact, medications that are transdermal or oral enter the blood stream and are ultimately broken down in the liver or kidneys. The breakdown of the prescribed topical medication still occurs in the kidneys and liver. "Compounded medications are absorbed through the skin so less medication enters the blood stream. The benefit of this is that there is reduced chance of building tolerance to drugs thereby curbing any potential addiction to medication." There is no objective evidence to support this contention and high serum levels can be achieved through transdermal applications. The serum levels can be similar and have the same propensity towards tolerance."Compounds have fewer possibilities of drug interactions because less of the medication enters the blood stream" is not supported with objective evidence. The ability to interact with other medications in the blood stream is the same whether the route of absorption is oral or transdermal."Compounds provide faster relief than medications taken orally. With compound medications you get fast pain relief to the affected area within a matter of minutes of application" is also not supported with objective evidence. The use of FlurFlex topical creams is not supported by the applicable ODG guidelines as cited below. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. The prescription for FlurFlex topical creams is not medically necessary for the treatment of the patient's pain complaints. The prescription of FlurFlex topical creams is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic back and right shoulder pain.

TGHOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines topical analgesics; anit-inflammatory

medications Page(s): 112-113; 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter--topical analgesics; topical analgesics compounded;.

Decision rationale: The prescription for TGHot topical creams is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no demonstrated medical necessity for more than OTC medications and topical available OTC. The prescribed topical creams are not medically necessary over numerous sports creams available OTC. There is no Orthopedic clinical documentation submitted to demonstrate the use of the topical creams for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of topical NSAIDs is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDs. The use of a topical NSAID is only demonstrated to be effective for a short term basis and is not medically necessary. The prescription of topical compounded medications in addition to the prescribed oral medications is not medically necessary. The request for the topical compounded analgesic TGHot topical creams is not medically necessary for the treatment of the patient for the treatment of chronic pain. The use of the topical creams does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prescription is accompanied with a state of medical necessity by the vendor which states that compounded medications are not absorbed by the stomach so they do not cause any of the dangerous die effects that may be experienced by taking medications orally (i.e. damage to the liver and kidneys). In fact, medications that are transdermal or oral enter the blood stream and are ultimately broken down in the liver or kidneys. The breakdown of the prescribed topical medication still occurs in the kidneys and liver. "Compounded medications are absorbed through the skin so less medication enters the blood stream. The benefit of this is that there is reduced chance of building tolerance to drugs thereby curbing any potential addiction to medication." There is no objective evidence to support this contention and high serum levels can be achieved through transdermal applications. The serum levels can be similar and have the same propensity towards tolerance. "Compounds have fewer possibilities of drug interactions because less of the medication enters the blood stream" is not supported with objective evidence. The ability to interact with other medications in the blood stream is the same whether the route of absorption is oral or transdermal. "Compounds provide faster relief than medications taken orally. With compound medications you get fast pain relief to the affected area within a matter of minutes of application" is also not supported with objective evidence. The use of TGHot topical creams is not supported by the applicable ODG guidelines as cited below. The continued use of topical NSAIDs for the current clinical

conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. The prescription for TGHot topical creams is not medically necessary for the treatment of the patient's pain complaints. The prescription of TGHot topical creams is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate-noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic back and right shoulder pain.

NAPROXEN SODIUM 550MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs.

Decision rationale: The use of Anaprox/Naproxen 550 mg is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Naproxen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Naproxen should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for naproxen 550 mg is not demonstrated to be medically necessary.