

Case Number:	CM13-0025413		
Date Assigned:	11/20/2013	Date of Injury:	04/02/2013
Decision Date:	03/14/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/18/2013

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 Neurology, has a subspecialty in Neuromuscular 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 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 46-year-old woman who sustained a work related injury on April 2, 2011. The patient subsequently developed a chronic back pain. According to the progress note on August 13, 2013, the patient was complaining of lumbar pain radiating to the right leg. Physical examination demonstrated that his lumbar pain is exacerbated by activity. The patient was treated with opioids as well other pain medications, muscle relaxant medications and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) voltage-actuated nerve conduction: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Current perception threshold (CPT) testing.

Decision rationale: The California MTUS guidelines are silent regarding the use of current perception threshold (CPT) testing. According to the ODG guidelines, CPT is not recommended. Current perception threshold testing is considered experimental or investigational, as there is inadequate scientific literature to support any conclusions regarding

the effects of this testing on health outcomes. Therefore, the request for one (1) voltage-actuated nerve conduction is not medically necessary.

(1) voltage-actuated sensory nerve conduction threshold (VsNCT) PFNCS LE: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines (ODG) Current perception threshold (CPT) testing

Decision rationale: The California MTUS guidelines are silent regarding the use of current perception threshold (CPT) testing. According to the ODG guidelines, CPT is not recommended. Current perception threshold testing is considered experimental or investigational, as there is inadequate scientific literature to support any conclusions regarding the effects of this testing on health outcomes. Therefore, the request for one (1) voltage-actuated sensory nerve conduction threshold (VsNCT) PFNCS LE is not medically necessary

(1) prescription for 240-gram compound (Capsaicin .025%, Flurbiprofen 30%, Methyl Salicylate 4%): Upheld

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

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

Decision rationale: According to the California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen, Capsaicin and Methyl salicylate are recommended as topical analgesics for chronic back pain. Capsaicin, a topical analgesic, is not recommended by the California MTUS guidelines. Therefore, the request for one (1) prescription of 240-gram compound (Capsaicin .025%, Flurbiprofen 30%, Methyl Salicylate 4%) is not medically necessary

(1) prescription refill of 240-gram compound (Flurbiprofen 20%, Tramadol 20%): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: According to the California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the California MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen and tramadol are recommended as topical analgesics for chronic back pain. Therefore, the request for one (1) refill of 240-gram compound (Flurbiprofen 20%, Tramadol 20%) is not medically necessary.

one (1) toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78, 94.

Decision rationale: According to the California MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. Guidelines recommended the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient is taking or abusing illicit drugs. Therefore, the toxicology testing is not medically necessary.

(1) prescription for Flexeril 10mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for Pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to the California MTUS guidelines, Cyclobenzaprine, a non sedating muscle relaxant, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend it to be used for more than 2-3 weeks. The patient does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Flexeril, 10mg, #120 is not medically necessary.