

Case Number:	CM13-0028106		
Date Assigned:	11/22/2013	Date of Injury:	08/13/2012
Decision Date:	02/14/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/23/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Illinois and Texas. 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 70-year-old female who reported an injury on 8/15/12; she tripped, fell, and injured her low back and bilateral lower extremities. The patient's most recent clinical evaluation revealed tenderness to palpation over the paralumbar musculature, quadratus lumborum, and erector muscles bilaterally. The patient had a positive Kemp's test bilaterally, and a positive right-sided Bechterew's test. The patient had restricted range of motion secondary to pain. Diagnoses included lumbar spine sprain/strain, lumbar radiculopathy, and myalgia. The patient's treatment plan included MRI, electrodiagnostic studies, shockwave therapy, continued medications, and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who have radiating pain with suspicion of radiculopathy. The clinical documentation submitted for review does not provide any objective findings of radiculopathy. There was no documentation of weakness or dermatomal disturbed sensation. Although the patient does have subjective complaints of radiating pain, there are no objective findings to support the suspicion of radiculopathy. Therefore, the need for a nerve conduction study of the bilateral lower extremities is not medically necessary or appropriate.

EMG of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who have radiating pain with suspicion of radiculopathy. The clinical documentation submitted for review does not provide any objective findings of radiculopathy. There was no documentation of weakness or dermatomal disturbed sensation. Although the patient does have subjective complaints of radiating pain, there are no objective findings to support the suspicion of radiculopathy. Therefore, the need for an electromyogram of the bilateral lower extremities is not medically necessary or appropriate.

Medrox patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: The clinical documentation submitted for review states that the patient has continued pain complaints that would benefit from medication management. However, this formulation of Medrox patches includes methyl salicylate, menthol, and capsaicin. California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate and menthol in the treatment of osteoarthritic pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to osteoarthritis. Additionally, this formulation contains capsaicin of a 0.0375% formulation. California Medical Treatment Utilization Schedule does not recommend a 0.0375% formulation over the lower dosage of 0.025% due to lack of scientific efficacy to support increased formulation. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of topical analgesics as there is not a significant amount of scientific evidence to support the efficacy of these types of treatments. As such, the requested Medrox patches are not medically necessary or appropriate.

240 grams of compounded Capsaicin 0.0025%, Flurbiprofen 30%, Methyl Salicylate 4%:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: The clinical documentation submitted for review states that the patient has continued pain complaints that would benefit from medication management. The California Medical Treatment Utilization Schedule does not support the use of topical agents as there is not enough scientific data to support the efficacy of these compounds. Also, the requested medication contains capsaicin 0.025%. The California Medical Treatment Utilization Schedule recommends the use of capsaicin only in cases where the patient is intolerant or unresponsive to other treatments. The clinical documentation submitted for review does not provide any evidence that the patient is intolerant or unresponsive to other treatments, to include oral analgesics. Additionally, the compound includes Flurbiprofen. The California Medical Treatment Utilization Schedule does not recommend non-steroidal anti-inflammatory drugs as a topical agent unless there is documentation that the patient is intolerant of oral anti-inflammatory medications or oral medications are contraindicated for the patient. The California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate 4% in the treatment of osteoarthritic pain; however, as the requested compound contains elements that are not supported by guideline recommendations, the entire medication is not supported. As such, the request is not medically necessary or appropriate.

240 grams of compounded Flurbiprofen 20%, Tramadol 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has pain that would benefit from medication treatment; however, the California Medical Treatment Utilization Schedule does not recommend the usage of topical agents as they are largely experimental, and there are few scientific studies to support the efficacy of these medications. Additionally, the California Medical Treatment Utilization Schedule recommends the topical use of non-steroidal anti-inflammatory drugs for patients who are intolerant of oral anti-inflammatory agents. The clinical documentation submitted for review does not provide any evidence that the patient is intolerant of oral non-steroidal anti-inflammatory drugs, or that those drugs are contraindicated for this patient. Additionally, peer-reviewed literature does not support the use of opioids in topical analgesics as there is no scientific evidence to support the efficacy of this type of medication used as a topical agent. As such, the request is not medically necessary or appropriate.

