

Case Number:	CM13-0031447		
Date Assigned:	12/04/2013	Date of Injury:	09/06/2001
Decision Date:	10/01/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/03/2013

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 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 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:

The injured worker is a 57-year-old female with a reported date of injury on 09/06/2001. The mechanism of injury was noted to be from a fall. Her diagnoses were noted to include possible lumbosacral discogenic disease, possible cervical discogenic disease, cervical and lumbar musculoligamentous stretch injury, and status post left knee surgery. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 06/17/2014 revealed complaints of neck pain that radiated down the right upper extremity accompanied by tingling frequently in the bilateral upper extremities to the level of the hands and numbness frequently in the bilateral upper extremities to the level of the hands. The injured worker complained of low back pain that radiated down the right lower extremity. The pain was rated 5/10 to 6/10 in intensity with medications and 8/10 to 9/10 in intensity without medications. The injured worker reported limitations of activities of daily living in regard to self-care and hygiene, activity, ambulation, hand function, and sleep. The injured worker indicated she had started aquatic therapy and changed her diet as advised. The lumbar examination revealed spasm to L4-S1. Tenderness was noted upon palpation in the bilateral paravertebral area of L4-S1 levels. The range of motion to the lumbar spine showed decreased flexion limited to 50 degrees due to pain and extension to 10 degrees due to pain. The range of motion of the lumbar spine was moderately limited secondary to pain. The pain was significantly increased with bending, flexion, and extension. The motor examination showed decreased strength of the extensor muscles along the L4-S1 dermatome in the bilateral lower extremities. The straight leg raise was positive bilaterally. The progress note dated 08/02/2013 revealed complaints of bilateral knee and low back pain, as well as hands. The injured worker was pending a left trigger finger release to her ring and long digits. She was status post left knee arthroplasty. The physical examination of the bilateral hands revealed tenderness to the palms with triggering of the left

ring and long fingers. There was decreased grip strength and sensation to the median and ulnar nerve. There was positive Tinel's and Phalen's sign. The examination of the bilateral knees revealed tenderness to the medial and lateral joint line of prepatellar region of the right knee with crepitus and severe loss of motion. The Request for Authorization form dated 08/02/2013 was for TGHOT (tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, capsaicin 0.05%), 180 grams between 08/02/2013 and 11/24/2013 for topical analgesia, 1 prescription of Medrox patch between 08/02/2013 and 11/24/2013 for topical analgesia, 1 EMG/NCS of the bilateral upper extremities for updated evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%), 180gm between 8/2/13 and 11/24/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Tramadol, Gabapentin, Topical Salicylates Page(s): 111; 82; 113; 105.

Decision rationale: The prescription of TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%), 180 grams between 08/02/2013 and 11/24/2013 is not medically necessary. The injured worker had been utilizing this medication between 08/2013 and 11/2013. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There was not a topical formulation of tramadol that has been FDA approved. The approved form of tramadol is for oral consumption which is not recommended as first line therapy. Gabapentin is not recommended for topical use as there is no peer reviewed literature to support use. Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. There have been no studies of a 0.05% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines recommend topical salicylates. The guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended and the 0.05% of capsaicin, topical tramadol, and topical gabapentin are not recommended by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Prescription of Medrox patch between 8/2/13 and 11/24/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate, Topical Analgesics, Topical Capsaicin Page(s): 105; 111; 28.

Decision rationale: The request for 1 prescription of Medrox patch between 08/02/2013 and 11/24/2013 is not medically necessary. The injured worker utilized this medication between 08/2013 and 11/2013. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication this increase over a 0.025% formulation would provide any further efficacy. Additionally, it indicates that topical salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing menthol 5% 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. The guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended and the formulation of capsaicin 0.0375% is not recommended by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

One EMG of the upper bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for 1 electromyography of the bilateral upper extremities is not medically necessary. The injured worker has a previous diagnosis of carpal tunnel syndrome. The CA MTUS/ACOEM guidelines state physiological evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography and nerve conduction velocities, including age reflex test, may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The guidelines state electromyography can be used to identify a physiological insult and anatomic defect. The injured worker has had an electromyography/nerve conduction study performed 2 to 3 years ago which verified carpal tunnel syndrome. Electromyography is appropriate when radiculopathy is present on the physical examination but the affected nerve is not clear. The documentation provided indicated there was decreased sensation to the median

and ulnar nerve along with positive Tinel's and Phalen's signs. Therefore, the request is not medically necessary.

One NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve Conduction Studies.

Decision rationale: The request for 1 nerve conduction study of the bilateral upper extremities is not medically necessary. The injured worker received a nerve conduction study of the bilateral upper extremities 2 to 3 years ago. The Official Disability Guidelines do not recommend nerve conduction studies to demonstrate radiculopathy if radiculopathy has been clearly defined by electromyography and obvious clinical signs but recommended if the electromyography is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely on the clinical exam. There is minimal justification for performing nerve conduction studies when an injured worker is already presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation regarding red flags or significant change in clinical pathology to warrant a repeat nerve conduction study. Therefore, the request is not medically necessary.