

Case Number:	CM13-0046454		
Date Assigned:	12/27/2013	Date of Injury:	09/04/2013
Decision Date:	07/15/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Interventional Spine 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 patient is a 63 year-old female who was injured on 9/4/13. She has been diagnosed with acute cervical strain, dorsal strain and lumbar strain; rule out left lower extremity radiculopathy; left thumb contusion; prior work-related injured with herniation at C5/6 with compromise and release. According to the 9/19/13 orthopedic evaluation by [REDACTED], the patient worked as a health care marketer, and was involved in a work-related MVA. She presents with neck, back and left thumb pain. [REDACTED] recommended PT with high-output laser therapy, an interferential unit, flurbiprofen and cyclobenzaprine/Ketoprofen compounds, and NSAID medications, also a lumbar corset, cervical collar, cervical pillow. On 11/5/13 UR recommended non-certification for: compounded medication with capsaicin, menthol, camphor and tramadol; compounded flurbiprofen with diclofenac; unknown number of PT sessions; and unknown sessions of high-output laser therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CAPSAICIN 0.375%/MENTHOL 10%/CAMPHOR 2.5%/TRAMADOL 20% 240GM
DISPENSED ON 9/19/2013: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creamsTopical Analgesics Page(s): 111-113.

Decision rationale: On 9/19/13, the patient presents with neck, back and right thumb pain from a work-related MVA on 9/4/13. I have been asked to review for a compounded topical with capsaicin, menthol, camphor, and tramadol. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound contains capsaicin. MTUS for capsaicin states "Recommended only as an option in patients who have not responded or are intolerant to other treatments. " The patient was prescribed the capsaicin on the first visit, and there is no evidence that the patient has not responded to or are intolerant to other treatments. The use of capsaicin would not be in accordance with MTUS guidelines, therefore the whole compounded topical that contains capsaicin is not recommended.

FLURBIPROFEN 25%/DICLOFENAC 10% DISPENSED ON 9/19/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creamsTopical Analgesics Page(s): 111.

Decision rationale: On 9/19/13, the patient presents with neck, back and right thumb pain from a work-related MVA on 9/4/13. X-rays showed degenerative changes in the cervical and lumbar spines, the pelvis was normal. There were no imaging reports for the thumb, and the thumb diagnosis was "left thumb contusion". I have been asked to review for a compounded topical NSAID with flurbiprofen and diclofenac. MTUS states: "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis," And : " Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment" The thumb would be amenable to topical treatment, but there is no evidence of osteoarthritis of the left thumb, and MTUS does not recommend topical NSAIDs for the spine. MTUS states: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. " The request is not in accordance with MTUS guidelines.

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following:Physical Medicine Page(s): 98,99.

Decision rationale: On 9/19/13, the patient presents with neck, back and right thumb pain from a work-related MVA on 9/4/13. MTUS guidelines recommend 8-10 sessions of PT for various myalgias and neuralgias. I have been asked to review for an incomplete prescription for PT. On

9/19/13, [REDACTED] requested a course of PT but did not specify the duration or frequency or total number of sessions requested. The duration and frequency or total number of sessions were not listed. Without the duration and frequency or total number of sessions, it cannot be compared to the recommended duration and frequency and total number of sessions provided in MTUS. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines.

INTERFERENTIAL UNIT PROVIDED ON 9/19/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS for TENS Interferential Current Stimulation (ICS) Page(s): 114-121.

Decision rationale: On 9/19/13, the patient presents with neck, back and right thumb pain from a work-related MVA on 9/4/13. I have been asked to review for an interferential unit. MTUS states interferential may be used if pain is ineffectively controlled due to diminished effectiveness of medications, or side effects, or history of substance abuse or unresponsive to conservative measures. The patient was injured 2-weeks prior to the request. It is not known if pain is ineffectively controlled with medications, or if she has been unresponsive to conservative measures. The request for the interferential unit is premature and at this time would not be in accordance with MTUS guidelines.

CERVICAL COLLAR PROVIDED ON 9/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: On 9/19/13, the patient presents with neck, back and right thumb pain from a work-related MVA on 9/4/13. I have been asked to review for a cervical collar. MTUS/ACOEM guidelines states these are ineffective, or minimally effective during the first few days in severe cases. ODG guidelines state cervical collars are not recommended for neck sprains/whiplash injuries. The request for the cervical collar is not in accordance with MTUS/ACOEM, or ODG guidelines.

CERVICAL PILLOW PROVIDED ON 9/19/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, online for Pillow:Recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. (Helewa, 2007).

Decision rationale: On 9/19/13, the patient presents with neck, back and right thumb pain from a work-related MVA on 9/4/13. I have been asked to review for a cervical pillow. I could not find a reference for a cervical pillow in MTUS or ACOEM guidelines, so ODG was consulted. ODG neck chapter, states the pillows are recommended in conjunction with daily exercise. The records show the physician has also requested PT sessions. The request for the cervical pillow appears to be in accordance with the ODG guidelines.  

CYCLOBENZAPRINE/KETOPROFEN DISPENSED ON 9/19/2013: 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): 111-113.

Decision rationale: On 9/19/13, the patient presents with neck, back and right thumb pain from a work-related MVA on 9/4/13. The request is for an incomplete prescription/description of a compounded medication containing cyclobenzaprine and ketoprofen. The dosage, duration and frequency were not discussed, and it is not known if this is a topical or an oral mixture. If the compound is a topical medication, it is not in accordance with MTUS guidelines, as MTUS states Ketoprofen is not FDA approved for topical applications, and MTUS does not recommend muscle relaxants such as cyclobenzaprine for topical use. If the compound was an oral medication, the physician did not provide the dosage and duration for the ketoprofen and cyclobenzaprine. MTUS states cyclobenzaprine is not recommended for use over 3-weeks. Without the reporting on the requested duration, the request cannot be verified to be in accordance with the recommended duration in the MTUS guidelines. Recommendation is for non-certification.

X-RAY SERIES OF THE CERVICAL SPINE (7 VIEWS) PERFORMED ON 9/19/2013:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: On 9/19/13, the patient presents with neck, back and right thumb pain from a work-related MVA on 9/4/13. I have been asked to review for cervical radiographs, 7-view series. MTUS/ACOEM states radiographs are not necessary in 3-4 weeks after red-flags have been ruled out. MTUS/ACOEM, table 8-1 for Red Flags, states fracture is a red flag, from trauma, tumor is a red-flag for age over 50, and possible cervical spinal cord compromise is a red flag, with significant trauma to the neck. The 62 year-old female was stopped in her car when she was rear-ended. The cervical 7-view series radiographs are necessary to rule out red flags, and is in accordance with MTUS/ACOEM guidelines.

X-RAY SERIES OF THE LUMBAR SPINE (5 VIEWS) PERFORMED ON 9/19/2013:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 308.

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

Decision rationale: On 9/19/13, the patient presents with neck, back and right thumb pain from a work-related MVA on 9/4/13. I have been asked to review for a 5-view lumbar radiographic series. MTUS/ACOEM for the lumbar spine, states x-rays should not be ordered in the absence of red flags. ACOEM gives the same list of red-flag conditions for the lumbar spine as for the cervical spine, including tumor, infection, fracture, dislocation. The 62 year-old female has had traumatic onset of back pain from the work-related MVA. Lumbar radiographs to rule out red flags including fracture or dislocation is in accordance with MTUS/ACOEM guidelines

X-RAY OF THE PELVIS (AP VIEW) PERFORMED ON 9/19/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: On 9/19/13, the patient presents with neck, back and right thumb pain from a work-related MVA on 9/4/13. I have been asked to review for x-rays of the pelvis. MTUS/ACOEM does not have a chapter on the hip/pelvis, so ODG guidelines were consulted. ODG for pelvis radiographs states: "Recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury". The requested x-ray of the pelvis is in accordance with ODG guidelines.

RANGE OF MOTION (ROM) AND COMPUTER ASSISTED MUSCLE TESTING PERFORMED ON 9/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG lumbar chapter, for ROMSee Flexibility.

Decision rationale: On 9/19/13, the patient presents with neck, back and right thumb pain from a work-related MVA on 9/4/13. I have been asked to review for computerized testing of ROM and muscle strength testing. The issue here deals with performing computerized ROM testing as a separate procedure from a part of the standard physical examination. ODG guidelines state this is a routine part of the musculoskeletal evaluation. Computerized ROM testing is not necessary for CA impairment rating, as according to ODG, the AMA guides require use of dual inclinometers. Computerized ROM separate from the routine musculoskeletal evaluation is not in accordance with ODG guidelines.