

Case Number:	CM13-0047658		
Date Assigned:	12/27/2013	Date of Injury:	02/05/2007
Decision Date:	03/06/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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 & 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 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:

This is a 48 year-old male who was injured on 2/5/07. He has been diagnosed with thoracolumbar neuritis; displaced lumbar disc; lumbago. The IMR application shows a dispute with the 10/7/13 UR decision. The 10/7/13 UR letter was based on the 9/27/13 medical report form [REDACTED], and recommends non-certification for acupuncture x6; use of compounded topical medications; medrox patch; ESWT, EMG; NCV; PT x12; and a UDT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (6 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with chronic low back pain. In the 1461 pages of medical records provided for IMR, from 10/10/2008 through Dec. 2013, there is no evidence that the patient has had prior acupuncture treatment for the low back. MTUS/Acupuncture treatment guidelines recommends acupuncture for chronic pain, stating that there should be some

indication of functional improvement within 3-6 visits. The request for six sessions of acupuncture appears to be in accordance with the Acupuncture treatment guidelines.

Compounded cream (capsaicin/Flurbiprofen/methyl Salicylate) #2: 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: The patient presents with low back pain. The request is for a compound topical medication containing Flurbiprofen. MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. For the topical NSAID Flurbiprofen, MTUS states that this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The request for the compound topical NSAID for the spine is not in accordance with MTUS.

Medrox patch: Upheld

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

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

Decision rationale: The patient presents with low back pain. The request is for the use of Medrox. Medrox contains methyl salicylate 5%, menthol 5% and capsaicin 0.0375%. MTUS guidelines for topical analgesics states they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound also contains Capsaicin 0.375%, and MTUS for capsaicin states there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. MTUS does not appear to support the use of 0.375% Capsaicin, therefore the whole compounded topical Medrox is not supported. The request is not in accordance with MTUS guidelines.

Extracorporeal shockwave therapy (ESWT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, ESWT

Decision rationale: The patient presents with low back pain. MTUS/ACOEM did not mention shockwave therapy for the lower back. ODG guidelines were consulted. ODG guidelines specifically states that shockwave therapy for the low back is not recommended. The request is not in accordance with ODG guidelines.

Electromyography (EMG) and nerve conduction velocity (NCV) testing: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 62-63.

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

Decision rationale: The patient presents with low back pain. The records show this has been present over 4-weeks. MTUS/ACOEM guidelines state electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The H-reflex test is a part of the NCV study. The request is in accordance with MTUS/ACOEM guidelines.

Physiotherapy (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: The patient presents with low back pain. The available medical records show chiropractic care, but no physical therapy (PT). MTUS recommends 8-10 sessions of PT for various myalgias and neuralgias; however, the request for 12 sessions of PT will exceed the MTUS recommendations. The request is not in accordance with MTUS guidelines.

Urine drug test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine Drug Testing

Decision rationale: The patient presents with low back pain. Records show Urine drug tests on 5/2/13, 6/20/13, 7/31/13 and 10/30/13. The issue appears to be the frequency of UDT. MTUS does not specifically discuss the frequency that UDT should be performed. ODG is more specific on the topic and states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no

reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, there is no mention of the patient being at high, medium or low risk, and the physicians have not reported on the outcomes of the UDT on their follow-up visits. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The use of drug testing without discussing the outcomes and the frequency of the urine drug testing without discussion of the patient risk factors, is not in accordance with ODG guidelines.