

Case Number:	CM13-0072405		
Date Assigned:	01/17/2014	Date of Injury:	06/10/2001
Decision Date:	04/23/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	12/31/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 74 year-old with a date of injury of 06/10/01. A progress report associated with the request for services, dated 11/06/13, identified subjective complaints of bilateral pain, numbness and tingling of the lower legs as well as kicking. She also has "a sense of imbalance." It is reported that the symptoms are relieved by Valium, but not Percocet or Vicodin. It is not clear which symptoms. Objective findings included hypoesthesia of both feet. Cerebellar testing was normal. Reflexes were normal. Motor function was not included. Diagnoses included joint pain, ankle & foot; unspecified peripheral neuropathy; and restless legs syndrome. Request for a nerve conduction study was to differentiate a presumed metabolic peripheral neuropathy from traumatic. Treatment has included medications as noted above. A Utilization Review determination was rendered on 12/20/13 recommending non-certification of "24 Chiropractic manipulations; 1 prescription of Neuromax cream with 3 refills; 1 Nerve Conduction Velocity Test (NCV) of the lower extremities; 1 lab for CMP, TSH, Free T4, free T3, B12, folic acid, RPR and CBC, ESR, inorganic phosphorus".

IMR ISSUES, DECISIONS AND RATIONALES

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

TWENTY-FOUR (24) CHIROPRACTIC MANIPULATIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Manipulation

Decision rationale: The MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they recommend a trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of up to 18 visits over 6-8 weeks are recommended. Manual manipulation is not recommended for peripheral joints; specifically the ankle & foot, carpal tunnel, forearm, wrist & hand, and knee. In this case, 24 sessions are requested. This exceeds the recommended number of visits and appears to involve locations for which such therapy is not recommended. Therefore, there is no documented medical necessity for 24 chiropractic visits.

ONE (1) PRESCRIPTION OF NEUROMAX CREAM WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain, Topical Analgesics

Decision rationale: Neuromax cream consists of gabapentin 6%, an anti-epilepsy drug; lidocaine 2%, a topical anesthetic; clonidine 0.2%, a central alpha-2 adrenergic agonist; and baclofen 3%, a muscle relaxant. The MTUS Guidelines indicate that topical analgesics are recommended as an option in specific circumstances. However, they do indicate that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety; primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The MTUS Guidelines indicate that gabapentin is: "Not recommended. There is no peer-reviewed literature to support use." The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, there is no documented medical necessity for the addition of gabapentin in the topical formulation for this employee. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. Baclofen is a muscle relaxant being used as a topical analgesic. The MTUS Guidelines specifically indicate that there is no evidence for baclofen or any other muscle relaxant as a topical product. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the compound contains ingredients not recommended and therefore there is no medical necessity for Neuromax cream.

ONE (1) NERVE CONDUCTION VELOCITY TEST (NCV) OF THE LOWER EXTREMITIES: Overturned

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), Section Pain, Electrodiagnostic Testing

Decision rationale: The MTUS guidelines do not address nerve conduction studies for peripheral neuropathy. The Official Disability Guidelines (ODG) indicate that nerve conduction studies are recommended for localizing the source of neurologic symptoms and establishing the diagnosis of focal nerve entrapments. The original denial of services was based upon lack of evidence for these studies in the leg, ankle or foot. In this case, the source of the employee's signs and symptoms are unclear and are not necessarily thought to be from the low back or radiculopathy. Therefore, the record does document the medical necessity for a nerve conduction study.

ONE (1) LAB FOR CMP, TSH, FREE T4, FREE T3, B12, FOLIC ACID, RPR, CBC, ESR AND INORGANIC PHOSPHORUS: 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 UpToDate: Overview of Polyneuropathy

Decision rationale: The MTUS and Official Disability Guidelines do not the address laboratory testing for a polyneuropathy. UpToDate notes that laboratory studies should be selective based upon a patient's history and the result of neurodiagnostic tests. They further state: "In practice, this means that most blood tests should be deferred until the results of electromyography and nerve conduction studies are known." In this case, a nerve conduction study has not yet been done. Therefore, there is no documented medical necessity for laboratory studies at this time.