

<b>Case Number:</b>	CM14-0002974		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	04/02/2000
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 33-year-old female who has submitted a claim for brachial neuritis / radiculitis, cervical spinal stenosis, and right shoulder internal derangement associated with an industrial injury date of 04/02/2000. Medical records from 2013 were reviewed. The patient complained of constant neck pain radiating to the upper extremities with numbness and tingling sensation, graded 7/10 in severity. She likewise complained of right shoulder pain, graded 7/10 in severity. Range of motion of the cervical spine revealed flexion at 40 degrees, extension at 50 degrees, right rotation at 65 degrees, left rotation at 65 degrees, left lateral flexion at 30 degrees, and right lateral flexion at 30 degrees. Range of motion of the right shoulder revealed flexion at 160 degrees, extension at 25 degrees, abduction at 160 degrees, adduction at 40 degrees, internal/external rotation at 70 degrees. Motor strength at right C5 to T1 myotomes was graded 5-/5. Deep tendon reflexes were equal and symmetric. Sensation was diminished at C6 and C7 dermatomes, right. MRI of the cervical spine, dated 04/18/2013, revealed straightening of the normal cervical lordosis; central to left lateral disc osteophyte complex at C4-C5 flattens the ventral thecal sac and causes moderate to severe left-sided neuroforaminal narrowing. There was no significant central canal stenosis or right neural foraminal narrowing. EMG/NCV performed on 07/12/2012 revealed borderline delays of the median nerve sensory distal latencies; otherwise normal study. Treatment to date has included cervical epidural steroid injections, acupuncture, physical therapy, IM Toradol and vitamin B12 injections, and medications such as tramadol, ibuprofen, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **UNDERGO EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**Decision rationale:** According to page 203 of the ACOEM Practice Guidelines referenced by CA MTUS, physical modalities such as diathermy, ultrasound treatment, and TENS units are not supported by high-quality medical studies but they may be useful in the initial conservative treatment of acute shoulder symptoms. Some medium quality evidence supports high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. In this case, the rationale for ESWT is to stimulate healing of myofascial pain syndrome. However, patient's right shoulder symptom is chronic in nature, and the guidelines only recommend it for treatment during the acute phase. Moreover, the medical records failed to document presence of calcifying tendinitis of the shoulder, which may warrant extracorporeal shock wave therapy. Furthermore, the request failed to specify the body part to be treated and the quantity of sessions being requested. Therefore, the request for UNDERGO EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT) is not medically necessary.

## **COMPOUND FLURBI (NAP) CREAM - LA 180 GMS: FLURBIPROFEN 20% - LIDOCAINE 5% - AMITRIPTYLINE 4%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-112

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 111-113.

**Decision rationale:** As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of flurbiprofen in compounded products. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, patient has been on a topical compounded product since February 2013. Topical medications were prescribed to limit the use of oral medications. However, there is no documentation regarding any benefits derived from its use. Furthermore, there is no discussion concerning the need for three different topical medications in this case. In addition, certain components of this compound are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for COMPOUND FLURBI (NAP) CREAM - LA 180 GMS: FLURBIPROFEN 20% - LIDOCAINE 5% - AMITRIPTYLINE 4% is not medically necessary.

**COMPOUND TEROGIN 240 ML CAPSAICIN 0.025% - METHYL SALICYLATE 25% - MENTHOL 10% - LIDOCAINE 2.5%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-112

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 28, 111-113.

**Decision rationale:** Terocin lotion contains: methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, patient has been on a topical compounded product since February 2013. Topical medications were prescribed to limit the use of oral medications. However, there is no documentation regarding any benefits derived from its use. Furthermore, there is no discussion concerning the need for three different topical medications in this case. In addition, certain components of this compound are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for COMPOUND TEROGIN 240 ML CAPSAICIN 0.025% - METHYL SALICYLATE 25% - MENTHOL 10% - LIDOCAINE 2.5% is not medically necessary.

**COMPOUND GABACYCLOTRAM 180MG GABAPENTIN 10% - CYCLOBENZAPRINE 6% - TRAMADOL 10%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 111-113.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for use as a topical analgesic. Likewise, cyclobenzaprine has no evidence for use as a topical product. Tramadol is

indicated for moderate to severe pain. In this case, patient has been on a topical compounded product since February 2013. Topical medications were prescribed to limit the use of oral medications. However, there is no documentation regarding any benefits derived from its use. Furthermore, there is no discussion concerning the need for three different topical medications in this case. In addition, certain components of this compound are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for COMPOUND GABACYCLOTRAM 180MG GABAPENTIN 10% - CYCLOBENZAPRINE 6% - TRAMADOL 10% is not medically necessary.

#### **NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT UPPER EXTREMITY:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 178

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** CA MTUS ACOEM guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. In this case, the patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. However, medical records submitted and reviewed failed to include a comprehensive physical examination (i.e., motor strength, sensory evaluation, presence / absence of atrophy, among others) pertaining to the left upper extremity. Furthermore, a supplemental report, dated 10/07/2013, cited that electrodiagnostic studies have been performed already with result of median nerve latency; and that the request can be withdrawn. Therefore, the request for NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT UPPER EXTREMITY is not medically necessary.

#### **NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT UPPER EXTREMITY:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 178

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** CA MTUS ACOEM guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. In this case, the patient has been complaining of chronic

cervical pain radiating to bilateral upper extremities. This was corroborated by objective findings of weakness, and diminished sensation of the right upper extremity. However, a supplemental report, dated 10/07/2013, cited that electrodiagnostic studies have been performed already with result of median nerve latency; and that the request can be withdrawn. Therefore, the request for NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT UPPER EXTREMITY is not medically necessary.

**ELECTROMYOGRAPHY (EMG) OF THE LEFT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 178

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

**Decision rationale:** CA MTUS ACOEM guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the patient has been complaining of chronic cervical pain radiating to bilateral upper extremities. However, medical records submitted and reviewed failed to include a comprehensive physical examination (i.e., motor strength, sensory evaluation, presence / absence of atrophy, among others) pertaining to the left upper extremity. Furthermore, a supplemental report, dated 10/07/2013, cited that electrodiagnostic studies have been performed already with result of median nerve latency; and that the request can be withdrawn. Therefore, the request for ELECTROMYOGRAPHY (EMG) OF THE LEFT UPPER EXTREMITY IS not medically necessary.

**ELECTROMYOGRAPHY (EMG) OF THE RIGHT UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 178

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