

<b>Case Number:</b>	CM14-0003180		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Physical Medicine & Rehabilitation has a subspecialty in 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 an employee of [REDACTED] and has submitted a claim for cervical and lumbar spine sprain/strain, and myospasm associated with an industrial injury date of June 7, 2013. Treatment to date has included physical therapy, acupuncture, chiropractic care, and medications such as Ibuprofen, Diclofenac, Carisoprodol, and Pantoprazole. Medical records from 2013 were reviewed. Patient complained of constant upper back pain, rated as moderate to occasionally severe. He likewise complained of constant low back pain, rated as mild to occasionally moderate, associated with numbness and tingling sensation. Pain was aggravated with prolonged walking, and relieved upon intake of Advil. He also complained of double vision since the accident which occurred with abrupt head movement. He denied memory loss. He was able to work with modified duties. Patient experienced tension, sleeplessness, depression, fatigue, confused thoughts, poor concentration, anger, mood changes, crying spells, irritability, frustration, and loss of interest in usual activities associated with the injury. He denied suicidal thoughts. Physical examination revealed tenderness and spasm over the bilateral upper trapezius, parathoracic muscles, paralumbar muscles, and quadratus lumborum. There was cervical hypolordosis. Range of motion of the cervical spine and lumbar spine was restricted secondary to pain. Sitting root test was positive. Reflexes were normal. Sensation was intact. Physical examination of the eyes was unremarkable. MRI of the cervical spine, the the January 2, 2014, revealed C4 to C5 central focal disk protrusion that abuts the thecal sac in the extension position. Utilization review from December 10, 2013 denied the requests for 12 sessions of acupuncture, one range of motion and muscle test, MRI of the cervical spine, lumbar spine support, Diclofenac 75 mg, #60; Risperdal 350 mg, #60; and Exoten-C (methyl salicylate 20%, menthol 10%, capsaicin 0.002%) 113.4 g. Reasons for denial were not made available.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **TWELVE (12) SESSIONS OF ACUPUNCTURE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has persistent back pain despite physical therapy and chiropractic care. Acupuncture may be necessary in this case as adjunct to physical therapy. However, the present request failed to specify the body part to be treated. Specific response to previous acupuncture was not related to the number of visits completed. Therefore, the request for 12 sessions of acupuncture is not medically necessary.

### **ONE (1) RANGE OF MOTION AND MUSCLE TEST BETWEEN 10/21/2013 AND 2/1/2014: 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), Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back, Flexibility was used instead. ODG states that computerized measures of range of motion are not recommended as the results are of unclear therapeutic value. In this case, there is no discussion concerning the need for variance from the guidelines, as computerized testing is not recommended. It is unclear why the conventional methods for strength and range of motion testing cannot suffice. Furthermore, the present request failed to specify the joint (s) to be tested. Therefore, the request for one (1) range of motion and muscle test between 10/21/2013 and 2/1/2014 is not medically necessary.

### **MRI OF THE CERVICAL SPINE BETWEEN 10/21/2013 AND 2/1/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** CA MTUS reference to ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, the patient complained of upper and lower back pain; however, there was no subjective complaint pertaining to the cervical area. Physical examination revealed tenderness and spasm over the bilateral upper trapezius with restricted range of motion of the cervical spine. Cervical spine hypolordosis was likewise noted. There were no sensorimotor deficits. There was a previous x-ray performed, however, the result was not made available for review. There is no documented indication for this request. The patient's manifestations do not provide evidence of neurologic dysfunction that may warrant the use of MRI. There is likewise no documented plan for possible surgery in this case. The medical necessity has not been established. Therefore, the request for MRI of the cervical spine between 10/21/2013 and 2/1/2014 is not medically necessary.

**ONE (1) LUMBAR SPINE SUPPORT BETWEEN 10/21/2013 AND 2/1/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section.

**Decision rationale:** As stated on CA MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Furthermore, the ODG states that lumbar supports are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, the patient has persistent back pain since the industrial injury date of June 2013. Patient had x-ray of the lumbar spine; however, the result was not made available for review. This is necessary in order to determine the presence of instability, and or spondylolisthesis, warranting the use of a lumbar support. Moreover, there is no documented indication for a back brace in this case. Therefore, the request for one (1) lumbar spine support between 10/21/2013 and 2/1/2014 is not medically necessary.

**DICLOFENAC 75MG #60 WITH ONE (1) REFILL BETWEEN 10/21/2013 AND 2/1/2014:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

**Decision rationale:** As stated on page 47 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. It is recommended as an option for short-term symptomatic relief among patients with back pain. In the case, the patient has constant upper and lower back pain since the industrial injury date of June 2013. The pain has persisted despite physical therapy, and chiropractic care. NSAID can provide symptomatic relief for this case. Therefore, the request for Diclofenac 75mg #60 with one (1) refill between 10/21/2013 and 2/1/2014 is medically necessary.

**RISPERDAL 350MG #60 BETWEEN 10/21/2013 AND 2/1/2014:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Anxiety Medications For Chronic Pain.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. Risperidone (Risperdal), an antipsychotic, may be beneficial in treating PTSD. In this case, patient experienced tension, sleeplessness, depression, fatigue, confused thoughts, poor concentration, anger, mood changes, crying spells, irritability, frustration, and loss of interest in usual activities associated with the injury. The medical necessity for anxiolytic agent has been established. Therefore, the request for Risperdal 350mg #60 between 10/21/2013 and 2/1/2014 is medically necessary.

**EXOTEN-C (METHYL SALICYLATE 20%, MENTHOL 10%, CAPSAICIN 0.002%) 113.4G BETWEEN 10/21/2013 AND 2/1/2014:** Upheld

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

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

**Decision rationale:** Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Guidelines state that capsaicin in a 0.0375% formulation is not recommended for topical applications. 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, Exoten-C was prescribed as adjuvant therapy for oral medications. However, this contains drug classes that are not recommended. The guidelines do not recommend the use of compounded topical products that contain at least one drug class that is not recommended. There is no discussion concerning patient's intolerance to oral medications. Therefore, the request for Exoten-C (Methyl Salicylate 20%, Menthol 10%, Capsaicin 0.002%) 113.4g between 10/21/2013 and 2/1/2014 is not medically necessary.