

Case Number:	CM14-0104372		
Date Assigned:	09/24/2014	Date of Injury:	12/26/2001
Decision Date:	10/24/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 Management and is licensed to practice in Tennessee. 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:

Patient is a 65-year-old female who has submitted a claim for neck pain, headaches, upper back pain, right shoulder pain, difficulty sleeping due to chronic pain, and gastroesophageal reflux disease associated with an industrial injury date of 12/26/2001. Medical records from 2014 were reviewed. Patient complained of increasing numbness in right third and fourth fingers for the past two months. Her neck pain also seemed to have worsened with pain radiating to the right upper extremity, associated with numbness. Pain was rated 9 to 10/10 in severity, and relieved to 4 to 5/10 upon intake of medications. It also allowed her to increase her activities of daily living. Patient reported that use of Orthostim provided symptom relief. Physical examination of the cervical spine showed spasm, tenderness, restricted motion, and positive Spurling's sign at the right. Both shoulder joints were tender, with restricted motion. Impingement sign was positive on the right. Examination of the thoracic spine showed tenderness and muscle spasm. MRI of the cervical spine on 3/11/2001 showed right cervical radiculitis with 3-mm disc bulges at C4 to C5 and C5 to C6. Treatment to date has included right shoulder surgery, use of OrthoStim, and medications such as Norco, Flexeril, topical cream, nizatidine, and Motrin (since February 2014). Utilization review from 6/9/2014 denied the request for EMG/NCV of bilateral upper extremities because of no documentation of rendered conservative treatment prior to this request; denied Flexeril 10 mg, quantity 90 because long-term use was not recommended; denied Xoten lotion because of no evidence of reduced intake of her medications since the start of topical cream prescription; denied Nizatidine 150 mg #60 because of no documentation of gastric complaints; and denied OrthoStim four (4) times a day because there was no documentation why a combined electrotherapy unit would be required as opposed to a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on Flexeril since February 2014. Patient reports symptom relief with medication use. Although the most recent physical exam still showed evidence of muscle spasm, long-term use of muscle relaxant is not recommended. Therefore, the request for Flexeril 10 mg #90 is not medically necessary.

Xoten lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate, Topical Analgesics Page(s): 28, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: Xoten lotion contains methyl salicylate 20%, menthol USP 10%, and capsaicin 0.002%. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. 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. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. Page 105 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates (e.g., Ben-Gay, Aspercream, methyl salicylate) are significantly better than placebo in chronic pain. These products are generally used to relieve minor aches and pains. In this case, patient has been prescribed topical cream as adjuvant therapy to oral medications. Patient is likewise a diagnosed case of GERD in February 2014. However, there are no recent subjective complaints pertaining to gastrointestinal distress. Moreover, with regard to brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. It has not been established that there is any necessity for a

specific brand name topical salicylate compared to an over the counter formulation. The request likewise failed to specify quantity to be dispensed. Therefore, the request for Xoten lotion is not medically necessary.

Nizatidine 150 mg #60: 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 FDA (Nizatidine)

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 Food and Drug Administration was used instead. The FDA states that ranitidine is an H2 receptor antagonist indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. In this case, patient has been on nizatidine since February 2014. Patient is a known GERD since February 2014. However, there are no recent subjective complaints pertaining to gastrointestinal distress. There is likewise no documentation concerning symptom relief from nizatidine use. The medical necessity cannot be established at this time due to insufficient information. Therefore, the request for Nizatidine 150 mg #60 is not medically necessary.

EMG (electromyogram) of bilateral upper extremities: Upheld

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

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, patient complained of increasing numbness in right third and fourth fingers for the past two months. Her neck pain also seemed to have worsened with pain radiating to the right upper extremity, associated with numbness. Physical examination of the cervical spine showed spasm, tenderness, restricted motion, and positive Spurling's sign at the right. However, there is no complete neurologic exam available for review. Presence of focal neurologic dysfunction to warrant an EMG cannot be established due to insufficient information. Therefore, the request for an electromyogram of bilateral upper extremities is not medically necessary.

NCV (nerve conduction velocity) of bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

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. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of increasing numbness in right third and fourth fingers for the past two months. Her neck pain also seemed to have worsened with pain radiating to the right upper extremity, associated with numbness. Physical examination of the cervical spine showed spasm, tenderness, restricted motion, and positive Spurling's sign at the right. Clinical manifestations indicate possible presence of neuropathy; hence, NCV testing may be warranted at the right arm. However, there are no signs and symptoms pertaining to the contralateral arm to also warrant NCV testing. Therefore, the request for NCV of the bilateral upper extremities is not medically necessary.

OrthoStim four (4) times a day: 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 Electrotherapy / Interferential Current Stimulation / NEMS Page(s): 114-118.

Decision rationale: The OrthoStim 4 unit incorporates interferential, TENS, NMS/EMS, and galvanic therapies into one unit. As noted on page 114-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not generally recommended and is appropriate for cases where pain is ineffectively controlled with medications. TENS is recommended for chronic intractable pain (at least 3 months duration), evidence of failure of other appropriate pain modalities, and presence of a treatment plan including specific short- and long-term goals of treatment. Neuromuscular electrical stimulation is under study; galvanic stimulation (high-voltage, pulsed stimulation) is investigational for all indications. There is no documentation of a rationale identifying why a combined electrotherapy unit would be required. Also, the patient already has an OrthoStim unit which provided her symptom relief. There is no indication for another unit. Moreover, body part to be treated is not specified. Therefore, the request for Orthostim 4 times a day is not medically necessary.

