

Case Number:	CM14-0105660		
Date Assigned:	07/30/2014	Date of Injury:	05/03/2006
Decision Date:	09/17/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 59-year-old male who reported an injury on 05/03/2006 due to continuous duties as a carpenter. The mechanism of injury was that the injured worker fell several feet from a ladder onto the hard concrete floor, hitting his head. The injured worker has diagnoses of lumbar discopathy with facet arthropathy, status post right total knee arthroplasty, right tendonitis, headaches, hypertension, obesity, anxiety, and depression. The injured worker's past medical treatment consists of psychopharmacological treatment, psychotherapy, neuropsychological evaluations, acupuncture, physical therapy, surgery, ESIs (epidural steroid injections), LINT, use of back brace, use of a cane, and medication therapy. Medications include Fluriflex cream 180 grams, TG Hot cream 180 grams, naproxen 550 mg, omeprazole 20 mg, cyclobenzaprine 7.5 mg, gabapentin 600 mg, and tramadol/APAP 37.5/325. The frequency and duration were not submitted in the report for these medications. An MRI scan that was obtained on 04/16/2010 of the low back revealed L3-4, L4-5, and L5-S1 had mild broad-based disc protrusion at the level of L4-5. On 11/09/2010, the injured worker was given an EMG/nerve conduction study, and positive findings on multiple levels of disc desiccation and degenerative changes. An MRI obtained on 11/28/2011 suggested 3 level discopathy at L3-4 and L4-5, severely collapsed and narrow. L5-S1 showed a darkened disc with no herniation, but a large Schmorl's node was definitely present. The injured worker underwent a total right knee replacement. The injured worker complained of lower back pain with bilateral lower extremity issues. He indicated aching pain in his right knee and left foot. He stated his hip pain was rated at a 7/10 to 9/10 and his foot pain was rated at a 5/10 to 6/10. Physical examination dated 08/15/2014 revealed that the injured worker's lumbar spine was tender and had tightness over the paraspinal muscles, midline tenderness, and severely diminished lumbar ranges of motion in all planes with spasm. Sensation was decreased in the L3 through the S1 distributions. Motor

examination by manual muscle test was normal except for grade 4 on the quadriceps and plantar flexor, and grade 4 on the toe extensor. There was weakness to bilateral legs. Sciatic nerve compression was positive. Straight leg raise test was positive at 50 to 60 degrees in the supine and seated positions bilaterally. Right knee physical examination revealed a well healed right total knee replacement with incision. Tenderness over the medial and lateral aspects, mild effusion, and positive McMurray's test were noted. Right knee flexion was decreased at 130 degrees. Left knee physical examination revealed prepatellar joint line tenderness with crepitus and reduced deep tendon reflex. The treatment plan is for the injured worker to continue the use of the TG Hot cream, receive 8 additional acupuncture sessions, continue with AppTrim, naproxen 550 mg, and tramadol ER 150 mg. The Request for Authorization and rationale were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot cream 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Other muscle relaxants Page(s): 111-113.

Decision rationale: TGHot cream is a compound mixture containing Tramadol, gabapentin, menthol camphor, and capsaicin. The injured worker complained of lower back pain with bilateral lower extremity issues. He indicated aching pain in his right knee and left foot. He stated his hip pain was rated at a 7/10 to 9/10 and his foot pain was rated at a 5/10 to 6/10. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Given the above, the injured worker is not within the MTUS Guidelines. Furthermore, in the submitted report, there was no documentation as to where the cream would be applied and the amount. There was also a lack of evidence of range of motion, strength, and/or effectiveness of the current medications the injured worker was taking. The submitted request was for a compound that per MTUS Guidelines is not recommended. As such, the request for TGHot cream 240gm is not medically necessary.

8 acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker complained of lower back pain with bilateral lower extremity issues. He indicated aching pain in his right knee and left foot. He stated his hip pain was rated at a 7/10 to 9/10 and his foot pain was rated at a 5/10 to 6/10. The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The documentation revealed that the injured worker had previous sessions of acupuncture dating back to 06/25/2007. It was not noted in the submitted report whether the sessions helped with any functional deficits the injured worker had. There was also no evidence as to how many sessions the injured worker has undergone to date. There was no documentation stating what the injured worker's pain levels were before, during, and after the sessions of acupuncture. No assessments were submitted for review. It is stated in the guidelines that functional improvement visible within the first 3 to 6 treatments and acupuncture may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There was no such evidence reported in the review as submitted. Furthermore, the submitted request did not specify which part of the body would be receiving the acupuncture therapy. As such, the request for 8 sessions of acupuncture is not medically necessary.

AppTrim #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacological and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Physician Therapeutics.

Decision rationale: According to Physician Therapeutics, AppTrim is made up of a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. To be considered for the use of this product the person must be under the ongoing supervision of a medical professional, consisting of a proprietary formula of amino acids and polyphenol ingredients in specific proportions, for the dietary management of the metabolic processes associated with obesity, morbid obesity, and metabolic syndrome. Given the above, the medical necessity is unclear for the use of AppTrim. It is recommended that diet, exercise, and pharmacological methods need to be evaluated based on the injured worker's health status, BMI level, and history of weight loss goals and trials. While AppTrim is intended for weight loss, AppTrim is not recommended by guidelines or acknowledged by guidelines. As such, the request for AppTrim #120 is not medically necessary.

Naproxen 550mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Anaprox Page(s): 72-73.

Decision rationale: The injured worker complained of lower back pain with bilateral lower extremity issues. He indicated aching pain in his right knee and left foot. He stated his hip pain was rated at a 7/10 to 9/10 and his foot pain was rated at a 5/10 to 6/10. The California MTUS guidelines indicate that Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As the guidelines state, naproxen is recommended for relief of osteoarthritis but it also states that it is recommended at its lowest effective dose and in shortest duration of time. The submitted reports did not indicate how long the injured worker had been taking naproxen. Long term use of naproxen in people has been at a high risk for developing NSAID induced gastric or duodenal ulcers. Guidelines also recommend that naproxen be given at its lowest effective dose, which is 250mg. Given that the request is for 550mg, it exceeds the MTUS Guidelines. Furthermore, the frequency and the quantity were not submitted in the request. The efficacy of the medication was not provided within the submitted report to warrant continuation. As such, the request for naproxen 550mg is not medically necessary.

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, page 93-94, 113, Ongoing management page 78 Page(s): 93-94, 113; 78.

Decision rationale: The injured worker complained of lower back pain with bilateral lower extremity issues. He indicated aching pain in his right knee and left foot. He stated his hip pain was rated at a 7/10 to 9/10 and his foot pain was rated at a 5/10 to 6/10. The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. MTUS guidelines also state that there should be a current pain assessment that should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The submitted report revealed no evidence that the injured worker had a diagnosis of neuropathic pain. The report also lacked any evidence of effectiveness

or the functional improvements with the use of the tramadol. There were no notes suggesting what pain levels were before, during, and after medication. It was noted that the injured worker's pain was 6/10 to 7/10, but it did not specify if this was with or without the medication. There was no documentation of the 4 A's, to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The request as submitted did not indicate a duration or a frequency of the medication. Furthermore, it was not documented as to how long the injured worker has been taking the tramadol. Given the above, the injured worker is not within the MTUS Guidelines. As such, the request for tramadol ER 150mg is not medically necessary.