

Case Number:	CM14-0109368		
Date Assigned:	08/13/2014	Date of Injury:	05/09/2013
Decision Date:	10/02/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 37-year-old male who has submitted a claim for myofascial pain syndrome, left shoulder injury, left shoulder sprain/strain, and bilateral carpal tunnel syndrome associated with an industrial injury date of May 9, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of left shoulder pain radiating to the wrist, associated with weakness and cramping sensation. Pain was described as constant, moderate dull, sharp, stabbing, throbbing, and burning. Physical examination showed tenderness and muscle spasm of the left trapezius. Hawkin's sign and Neer's sign were positive. Left shoulder range of motion was restricted on all planes. Physical examination of the cervical spine showed muscle spasms and limited range of motion. Strength, reflexes, and sensory exams were unremarkable. A functional capacity assessment was performed on April 28, 2014 with a recommendation that patient was able to return back to his previous activities and work. However, limiting factors for the physical demands of this job would include increased pain, general fatigue, and maximum effort. Patient has returned to work with restrictions as of July 31, 2013. EMG/NCV study of the upper extremities, dated January 22, 2014, demonstrated bilateral carpal tunnel syndrome. Electromyography study was normal. X-ray of the left shoulder showed degenerative joint disease at the acromion. MRI of the left shoulder, dated May 23, 2014, showed minimal subacromial and subscapularis bursitis and osteoarthropathy of the acromioclavicular joint. Urine drug screen from March 21, 2014 showed positive levels for tramadol. Treatment to date has included localized intense neuro- stimulation therapy / LINT, extracorporeal shockwave therapy, physical therapy, chiropractic care, acupuncture, and medications such as tramadol, ibuprofen, Prilosec, and Flexeril. Utilization review from June 10, 2014 denied the request for MRI of Left Shoulder because there was no clear indication for repeat imaging due to lack of significant change in symptoms and findings; denied final functional capacity evaluation because there was

no evidence of a definite vocational plan of care or available job position to support its need; denied PF/NCS or pain fiber nerve conduction study of left upper extremity because of no current documentation to support testing; modified the request for physiotherapy/chiropractic treatment quantity 6 into quantity 2 because the the guideline recommends one to two visits if the patient has returned to work; denied acupuncture treatment because there was no clear documentation of significant improvement in activities of daily living from previous sessions; denied toxicology testing because there was no history of substance abuse or issues with prescribed medications; denied Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm and Flurbiprofen 25%, Cyclobenzaprine 02% 240gm because of lack of published studies concerning its efficacy and safety; and denied DNA testing because there were no exceptional factors to consider this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, page(s) 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The ACOEM Practice Guidelines supports ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In this case, patient complained of left shoulder pain radiating to the wrist, associated with weakness and cramping sensation. Pain was described as constant, moderate dull, sharp, stabbing, throbbing, and burning. Physical examination showed tenderness and muscle spasm of the left trapezius. Hawkin's sign and Neer's sign were positive. Left shoulder range of motion was restricted on all planes. However, MRI of the left shoulder was accomplished on May 23, 2014, showing minimal subacromial and subscapularis bursitis and osteoarthropathy of the acromioclavicular joint. There is no clear indication for a repeat MRI at this time. There were no significant changes in the subjective complaints or objective findings to warrant such. There is likewise no treatment plan involving surgical procedure. Therefore, the request for MRI of the left shoulder is not medically necessary.

Final Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 137-138

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7: Independent

Medical Examinations and Consultations, page(s) 132-139; and on the Non-MTUS Official Disability Guidelines (ODG) Fitness for Duty Section, Functional Capacity Evaluation

Decision rationale: As stated in the ACOEM Practice Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, the Official Disability Guidelines state that it is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. FCE may be considered when there is a prior unsuccessful return to work attempt. In this case, a functional capacity assessment was performed on April 28, 2014 with a recommendation that patient was able to return back to his previous activities and work. However, limiting factors for the physical demands of this job would include increased pain, general fatigue, and maximum effort. There is no clear indication for a repeat functional capacity evaluation at this time. There is no mention of prior unsuccessful return to work since patient has returned to work as of July 31, 2013. The medical necessity cannot be established due to insufficient information. Therefore, the request for final functional capacity evaluation is not medically necessary.

Pain Fiber Nerve Conduction Study (PF/NCS, of the left upper extremity): 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 (ODG), Carpal Tunnel Syndrome, Nerve Conduction Studies; and on the Non-MTUS Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: The ACOEM Practice 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, the Official Disability Guidelines 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 left shoulder pain radiating to the left elbow and wrist, associated with weakness and cramping sensation. Pain was described as constant, moderate dull, sharp, stabbing, throbbing, and burning. Physical examination showed normal strength, reflexes, and sensory exams. Range of motion of the left shoulder, left elbow and left wrist was restricted. Clinical manifestations may indicate presence of peripheral neuropathy; hence, NCV is a reasonable diagnostic procedure. However,

EMG/NCV study of the upper extremities was accomplished on January 22, 2014, demonstrating bilateral carpal tunnel syndrome. There is no clear indication for a repeat electrodiagnostic study at this time. There were no significant changes in the subjective complaints and objective findings for repeat testing. Therefore, the request for PF/NCS (pain fiber nerve conduction study) of the left upper extremity is not medically necessary.

Physiotherapy/Chiropractic Treatment (6-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Therapy; Physical Medicine Page(s): 58-59; 98-99.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Guidelines also state that several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. There should be some outward sign of subjective or objective improvement within the first 6 visits for continuing treatment. In this case, patient previously completed a course of physiotherapy/chiropractic care. However, the total number of sessions completed and functional outcomes from these sessions were not documented. There is no discussion concerning need to certify extension of services at this time. The medical necessity cannot be established due to insufficient information. Moreover, body part to be treated was not specified. Therefore, the request for Physiotherapy/Chiropractic Treatment is not medically necessary.

Acupuncture Treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 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. Acupuncture treatments may be extended if functional improvement is documented. 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 received acupuncture treatment in the past; however, the exact number of visits is not documented in the medical records submitted. There was no documentation stating the pain reduction, functional improvement or decreased medication-usage associated with acupuncture. The medical necessity cannot be established due to insufficient information. Moreover, body part to be treated was not specified. Therefore, the request for acupuncture treatment is not medically necessary.

Toxicology Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current treatment regimen includes tramadol, ibuprofen, Prilosec, and Flexeril. Urine drug screen from March 21, 2014 showed positive levels for tramadol, consistent with prescribed medications. There is no compelling rationale for performing a repeat drug screen at this time. No aberrant drug behavior was likewise noted. Therefore, the request for toxicology testing is not medically necessary.

Capsaicin (0.025%), Flurbiprofen (15%), Tramadol (15%), Menthol (2%), and Camphor (2%), 240gm,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11-113.

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

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The Chronic Pain Medical Treatment Guidelines states 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. In addition, there is little to no research as for the use of flurbiprofen in compounded products. The topical formulation of tramadol does not show consistent efficacy. Regarding the Menthol component, the California MTUS Guidelines do not cite specific provisions, but the Official Disability Guidelines, Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Flurbiprofen and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for is not medically necessary.

Flurbiprofen (25%) and Cyclobenzaprine (02%), 240gm,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Cyclobenzaprine is not recommended for use as a topical analgesic. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains flurbiprofen and cyclobenzaprine, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request is not medically necessary.

DNA Testing: 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) Pain, Genetic testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Genetic Testing for Potential Opioid Abuse

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that cytokine DNA testing is not recommended. There is no current evidence to support its use for the diagnosis of pain, including chronic pain. In addition, the Official Disability Guidelines state that genetic testing for potential opioid abuse is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. In this case, medical records submitted and reviewed did not provide rationale for this request. It is unclear why such is being requested even when guidelines do not recommend its use. There was no discussion concerning genetic predisposition towards addiction and opioid tolerance. The medical necessity has not been established. Therefore, the request for DNA testing is not medically necessary.