

Case Number:	CM14-0014270		
Date Assigned:	02/26/2014	Date of Injury:	03/19/2012
Decision Date:	07/22/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational 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 41-year-old female who has filed a claim for rotator cuff rupture associated with an industrial injury date of March 19, 2012. Review of progress notes indicates neck pain radiating to the fingers, with numbness and tingling; mid back pain; and bilateral shoulder and upper extremity pain. Findings include positive Tinel and Phalen's tests bilaterally, and positive Neer test bilaterally. Treatment to date was not specified. Utilization review from January 27, 2014 denied the requests for DNA testing as there is no indication that the patient is on opioids, and this type of testing is not recommended; LINT therapy sessions as there is no guideline evidence to support this procedure; capsaicin 0.025%/flurbiprofen 15%/tramadol 15%/menthol 2%/camphor 2% and flurbiprofen 25%/cyclobenzaprine 02% as these compounds are not recommended; toxicology testing as the patient is not on opioids; home exercise rehabilitation kit for the cervical spine as extra devices are not necessary in home exercise programs.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: According to page 42 of CA MTUS Chronic Pain Medical Treatment Guidelines, cytokine DNA testing for diagnosing pain is not recommended. There is no indication for DNA testing in this patient. Therefore, the request for DNA testing is not medically necessary.

LINT (LOCALIZED INTENSE NEUROSTIMULATION THERAPY) SESSIONS:
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 California Department of Industrial Relations, Division of Workers' Compensation, the journal of Pain Research and Treatment.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the journal of Pain Research and Treatment was used instead. A pilot study on high-intensity neurostimulation in the treatment of non-specific low back pain showed significant decrease in VAS (Visual Analog Scale) scores and Oswestry Disability Index scores, and a non-significant increase in lumbar range of motion. This modality uses impedance measurements to identify trigger points, with simultaneous electric high-intensity neurostimulation to provide analgesia. However, the limited progress notes do not indicate presence of trigger points, and there is no established guideline for the use of this treatment modality at this time. Therefore, the request for (Localized Intense Neurostimulation Therapy) Sessions is not medically necessary.

TOPICAL COMPOUND CAPSAICIN 0.025%/FLURBIPROFEN 15%/TRAMADOL 15%/MENTHOL 2%/CAMPHOR 2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical page; Topical analgesics Page(s): 28; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: As noted on page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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 is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the flurbiprofen component, there is little to no research as for the use of flurbiprofen in compounded products. 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 (Over The Counter) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. There is no discussion regarding topical application of tramadol. In this case, there is no documentation regarding the patient's current medication regimen. There is no indication that the patient has failed or was intolerant to conventional oral pain medications. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for topical compound capsaicin 0.025%/flurbiprofen 15%/tramadol 15%/menthol 2%/camphor 2% is not medically necessary.

TOPICAL COMPOUND FLURBIPROFEN 25%/CYCLOBENZAPRINE 02%: Upheld

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

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

Decision rationale: As noted on pages 111-113 in the California MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of flurbiprofen in compounded products. There is no evidence for use of cyclobenzaprine as a topical product. In this case, there is no documentation regarding the patient's current medication regimen. There is no indication that the patient has failed or was intolerant to conventional oral pain medications. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for topical compound flurbiprofen 25%/cyclobenzaprine 02% is not medically necessary.

TOXICOLOGY TESTING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps To Avoid Misuse/Addiction. Decision based on Non-MTUS Citation University Of Michigan Health System Guidelines for Clinical Care : Managing Chronic Non-terminal Pain, including prescribing Controlled Substances (May 2009), pages 10, 32, 33.

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

Decision rationale: As stated in page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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. There is no documentation of the patient's current medication regimen to support this request. Therefore, the request for toxicology testing is not medically necessary.

HOME EXERCISE REHABILITATION KIT FOR THE CERVICAL SPINE: 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 Official Disability Guidelines (ODG) Shoulder chapter, Home exercise kits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, home exercise kits are recommended for the shoulder. However, there is no guideline evidence to support use of home exercise kits for the cervical spine. There is no documentation that this patient needs additional equipment to perform home exercises directed to the cervical spine. Therefore, the request for home exercise rehabilitation kit for the cervical spine is not medically necessary.