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| <b>Case Number:</b>   | CM14-0015464 |                              |            |
| <b>Date Assigned:</b> | 02/28/2014   | <b>Date of Injury:</b>       | 12/01/2010 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 01/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2014 |

### 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:

Patient is a 73-year-old female who has submitted a claim for cervical spondylosis without myelopathy, complete rupture of rotator cuff, posttraumatic stress disorder, lumbosacral spondylosis without myelopathy, hypertension, and diabetes associated with an industrial injury date of December 1, 2010. Medical records from 2012 to 2014 were reviewed. Patient complained of pain at the cervical spine, bilateral shoulder, left knee, and lumbar spine graded 6-8/10 in severity. Pain was described as burning, numbness, tingling sensation, with stiffness. There was associated nausea, blurring of vision, dizziness, and ringing in her ears. Bilateral shoulder pain was accompanied by numbness and tingling sensation at both arms. Swelling, stiffness, weakness, clicking, and popping in the joint were noted. There were episodes of weakness and giving out of left knee. Aggravating factors included standing and walking on uneven terrain. Back pain radiated to the left leg, described as sharp pain. Patient likewise experienced symptoms of anxiety, depression, hopelessness, social withdrawal, and irritability. Patient woke up approximately 5 to 6 times per night with episodes of nightmares. Patient experienced loss of desire in sexual activity due to pain and anxiety. Impairments resulted to difficulty climbing stairs, self-care / hygiene, performing light housework, making a meal, rising from a chair, sitting, standing, sleeping, and dressing. Physical examination showed restricted range of motion of the cervical spine. Right quadriceps and left deltoids strength was graded 4/5. Hyporeflexia was noted at right quadriceps. Straight leg raise test was positive at 70 degrees. Spurling's test and Lhermitte's sign were positive at the left. Gait was antalgic. Patient was unable to walk on toes and heels. Sensation was diminished at C4-C5, L4-L5 and L5-S1 dermatomes, left. Treatment to date has included left shoulder arthroscopy, right shoulder surgery, physical therapy, left knee cortisone injection, and medications such as Lidoderm patches, HCTZ, Metformin, Aleve, Naproxen, Orphenadrine, and Omeprazole. Utilization review from December 31, 2013 denied the requests for urine drug screen quantitative and confirmatory because previous urine drug screen from December 4, 2013 demonstrated negative for all drug

analytes; denied the request for psychological consult and treatment because patient had been deemed permanent and stationary on psychological basis; denied urology consult and treatment because a qualified medical evaluation cited that patient's symptoms were not urological in nature; denied internal medicine consult and treatment because patient was already undergoing treatment for blood pressure and diabetes; denied MRI of the cervical spine and lumbar spine because of absence of red flag findings; denied electromyography of the upper and lower extremities because of no documented rationale for the procedure; and modified home TENS unit into 30 day trial to meet guideline recommendation. The reason for the denial of Terocin cream was not made available.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **QUANTITATIVE AND CONFIRMATORY URINE DRUG SCREEN: 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 Opioids, On-going Management Page(s): 78.

**Decision rationale:** Page 78 of the CA MTUS 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. It may be performed prior to opioid initiation for baseline assessment. Screening is recommended randomly at least twice and up to 4 times a year. In this case, patient underwent urine drug screen on December 4, 2013 showing negative analyte levels. Patient is currently on anti-diabetic drugs only. There is no plan of initiating patient on opioid therapy. There is no clear rationale for this request. Therefore, the request for quantitative and confirmatory urine drug screen is not medically necessary.

#### **PSYCHOLOGICAL CONSULTATION AND TREATMENT: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient experienced symptoms of anxiety, depression, hopelessness, social withdrawal, and

irritability. However, patient was already being seen by a psychologist with the most recent visit on 11/04/2013. Assessment was post-traumatic stress disorder. Psychotherapy was recommended. There is no clear indication for a consultation with another psychologist at this time. Therefore, the request for psychological consultation and treatment is not medically necessary.

#### **UROLOGY CONSULTATION AND TREATMENT: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient experienced loss of desire in sexual activity due to pain and anxiety. However, patient was already seen by urologist on 02/15/2013 and cited that sexual dysfunction was not urological in nature, as her symptoms were attributable to a psychological basis. There is no compelling indication for another consultation at this time. Therefore, the request for urology consultation and treatment is not medically necessary.

#### **INTERNAL MEDICINE CONSULTATION AND TREATMENT: Overturned**

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient has diabetes and hypertension. Maintenance medications include HCTZ and Metformin. Based on the medical records submitted, patient was last seen by an internist on March 2011. The medical necessity of the present request has been established for further evaluation and management. Therefore, the request for internal medicine consultation and treatment is medically necessary.

#### **MRI (MAGNETIC RESONANCE IMAGE) OF THE CERVICAL SPINE: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

**Decision rationale:** CA MTUS 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, patient complained of cervical pain described as burning, numbness, and tingling sensation. Physical examination showed restricted range of motion of the cervical spine. Left deltoids strength was graded 4/5. Spurling's test and Lhermitte's sign were positive at the left. Sensation was diminished at C4-C5 dermatomes, left. Clinical manifestations were consistent with neurologic dysfunction. Patient likewise had failed conservative care. The medical necessity for performing MRI has been established for further evaluation. Therefore, the request for MRI of the cervical spine is medically necessary.

**MRI (MAGNETIC RESONANCE IMAGE) OF THE LUMBAR SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of back pain radiating to the left leg. Physical examination showed weakness and hyporeflexia at the right quadriceps. Straight leg raise test was positive at 70 degrees. Sensation was diminished at L4-L5 and L5-S1 dermatomes, left. Clinical manifestations were consistent with neurologic dysfunction. Patient likewise had failed conservative care. The medical necessity for performing MRI has been established for further evaluation. Therefore, the request for MRI of the lumbar spine is medically necessary.

**UPPER EXTREMITY EMG (ELECTROMYOGRAPHY) STUDIES:** 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 cervical pain described as burning, numbness, and tingling sensation. Physical examination showed restricted range of motion of the cervical spine. Left deltoids strength was graded 4/5. Spurling's test and Lhermitte's sign were positive at the left. Sensation was diminished at C4-C5 dermatomes, left. Clinical manifestations were consistent with focal neurologic deficit at the left upper extremity. Patient likewise had failed conservative care. The medical necessity for performing EMG has been established for further evaluation. However, the present request failed to specify the laterality for testing. The request is incomplete; therefore, the request for EMG of the upper extremity is not medically necessary.

**LOWER EXTREMITY EMG ( ELECTROMYOGRAPHY) STUDIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of back pain radiating to the left leg. Physical examination showed weakness and hyporeflexia at the right quadriceps. Straight leg raise test was positive at 70 degrees. Sensation was diminished at L4-L5 and L5-S1 dermatomes, left. Clinical manifestations were consistent with focal neurologic deficit at the left lower extremity. Patient likewise had failed conservative care. The medical necessity for performing EMG has been established for further evaluation. However, the present request failed to specify the laterality for testing. The request is incomplete; therefore, the request for EMG of the lower extremity is not medically necessary.

**HOME TENS (TRANSCUTANEOUS NERVE STIMULATION) UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS in Chronic Pain Page(s): 114,116.

**Decision rationale:** As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an

adjunct to a program of evidence-based functional restoration. In this case, patient has persistent pain at the cervical spine, lumbar spine, and bilateral shoulders despite physical therapy and intake of medications. However, progress reports cited that patient used interferential nerve / muscle stimulator in 2000. There were no functional outcomes or beneficial effects documented from its use. There was no documented rationale for this request. The medical necessity was not established due to insufficient information. The request likewise failed to specify body part to be treated and if the device is for rental or purchase. Therefore, the request for home TENS (transcutaneous nerve stimulation) unit is not medically necessary.

**TEROCIN CREAM:** 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/Capsaicin Page(s): 111-113/28. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** Terocin lotion contains: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. 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. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. 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, patient has persistent pain at the cervical spine, lumbar spine, and bilateral shoulders despite physical therapy and intake of medications. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use. Furthermore, there is no discussion concerning intolerance to oral medications. Therefore, the request for Terocin cream is not medically necessary.