

Case Number:	CM14-0133123		
Date Assigned:	08/22/2014	Date of Injury:	02/16/2011
Decision Date:	10/21/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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 63-year-old female who has submitted a claim for status post right shoulder surgery, L5 to S1 discopathy and disc herniation syndrome with right radiculopathy, and bilateral knee arthroses with possible internal derangement associated with an industrial injury date of 2/16/2011. Progress report from 7/11/2014 was the only record available for review. Patient complained of right shoulder pain radiating to the right forearm and hand. Pain was associated with instability, locking, and popping sensation. Right wrist pain radiated to her hand and fingers. Pain was associated with numbness, and tingling sensation. Patient also experienced constant low back pain radiating to bilateral lower extremities, extending to her feet and toes, associated with numbness and tingling sensation. Aggravating factors included bending, twisting, and turning, carrying heavy objects, prolonged standing, and prolonged walking. Patient also reported constant bilateral knee pain associated with weakness and instability. This resulted to difficulty in climbing stairs. It was stated that patient underwent MRI of an unknown body part revealing abnormal findings. Patient also reported heartburn and nausea symptoms. Anthropometric examination showed a height of 5 feet 2 inches, weight of 222 pounds, and derived body mass index of 40.6 kg/m². Gait was antalgic. Toe and heel walk were compromised on the right. Examination of the right shoulder revealed erythema, positive impingement sign, restricted motion, crepitus, and tenderness. Motor strength, sensation, and reflexes were intact. Examination of the lumbar spine showed tenderness, positive straight-leg raise test, restricted motion, and muscle spasm. Hyporeflexia was noted at the right ankle. There was also weakness of the right ankle plantarflexors. Sensation was diminished at the posterolateral foot and heel, right. Abdominal palpation was negative. Patellar tracking of both knees was normal. Patellar grind maneuver, McMurray's sign, varus/valgus stress test, and tenderness were positive bilaterally. Hamstring tenderness was present. Undated X-ray of the

right shoulder showed a downsloping acromion consistent with a rotator cuff tear. X-ray of the lumbar spine, dated 7/11/2014, showed narrowing of the L5 to S1 disc. X-ray of both knees, dated 7/11/2014, demonstrated bilateral loss of knee cartilage. Treatment to date has included physical therapy, massage therapy, electrical stimulation, use of a hot modality, and medications such as Vicodin and topical creams. Utilization review from 8/7/2014 denied the request for CMPD TGHOT Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2 cream 240 gram apply to affected area twice daily for immediate pain relief because of lack of published studies concerning its efficacy and safety; denied MRI of the lumbar spine because there was no documentation of recent conservative care, such as formal physical therapy, since the injury date of 2011; denied MRI of the left knee because of unclear documentation concerning new red flag findings; denied MRI of the right knee because there was no documentation of recent conservative management; denied EMG/NCV of the right upper extremity and bilateral lower extremities because of no documentation of recent conservative care and new red flag findings; and modified the requests for 8 acupuncture sessions for the lumbar spine and 8 acupuncture sessions for the bilateral knees into 6 sessions to meet guideline recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD TGHOT Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2 cream 240 gram apply to affected area twice daily for immediate pain relief: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDs, Capsaicin, Gabapentin.

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

Decision rationale: TGHOT contains Tramadol, Gabapentin, Menthol, Camphor, and 0.05% Capsaicin. 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. The topical formulation of Tramadol does not show consistent efficacy. CA MTUS does not support the use of opioid medications and Gabapentin in a topical formulation. 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. The guidelines do not address camphor. 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. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Tramadol, Gabapentin, and 0.05% Capsaicin, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for CMPD TGHOT Tramadol/Gabapentin/Menthol/Camphor/Capsaicin

8/10/2/2 cream 240 gram apply to affected area twice daily for immediate pain relief is not medically necessary.

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, MRI

Decision rationale: As stated on the Knee Chapter of ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include significant trauma to the knee, suspect dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, patient reported constant bilateral knee pain associated with weakness and instability. This resulted to difficulty in climbing stairs. Anthropometric examination showed a height of 5 feet 2 inches, weight of 222 pounds, and derived body mass index of 40.6 kg/m². Gait was antalgic. Patellar tracking of both knees was normal. Patellar grind maneuver, McMurray's sign, varus/valgus stress test, and tenderness were positive bilaterally. X-ray of both knees, dated 7/11/2014, demonstrated bilateral loss of knee cartilage. Guideline criteria for knee MRI were met given the patient's clinical manifestations. However, progress report from 7/11/2014 stated that patient underwent MRI of an unknown body part revealing abnormal findings. There was limited medical information submitted for review; hence, the medical necessity for MRI cannot be established as previous MRI may have been performed. Clarification of this information is merited at this time. Therefore, the request MRI of the left knee is not medically necessary.

MRI Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 13-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, MRI

Decision rationale: As stated on the Knee Chapter of ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of ACL tear preoperatively. In addition, ODG criteria include significant trauma to the knee, suspect dislocation; nontraumatic knee pain and initial plain radiographs either

nondiagnostic or suggesting internal derangement. In this case, patient reported constant bilateral knee pain associated with weakness and instability. This resulted to difficulty in climbing stairs. Anthropometric examination showed a height of 5 feet 2 inches, weight of 222 pounds, and derived body mass index of 40.6 kg/m². Gait was antalgic. Patellar tracking of both knees was normal. Patellar grind maneuver, McMurray's sign, varus/valgus stress test, and tenderness were positive bilaterally. X-ray of both knees, dated 7/11/2014, demonstrated bilateral loss of knee cartilage. Guideline criteria for knee MRI were met given the patient's clinical manifestations. However, progress report from 7/11/2014 stated that patient underwent MRI of an unknown body part revealing abnormal findings. There was limited medical information submitted for review; hence, the medical necessity for MRI cannot be established as previous MRI may have been performed. Clarification of this information is merited at this time. Therefore, the request MRI of the right knee is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI

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 experienced constant low back pain radiating to bilateral lower extremities, extending to her feet and toes, associated with numbness and tingling sensation. Aggravating factors included bending, twisting, and turning, carrying heavy objects, prolonged standing, and prolonged walking. Gait was antalgic. Toe and heel walk were compromised on the right. Examination of the lumbar spine showed tenderness, positive straight-leg raise test, restricted motion, and muscle spasm. Hyporeflexia was noted at the right ankle. There was also weakness of the right ankle plantarflexors. Sensation was diminished at the posterolateral foot and heel, right. X-ray of the lumbar spine, dated 7/11/2014, showed narrowing of the L5 to S1 disc. Guideline criteria for lumbar MRI were met given the patient's clinical manifestations. However, progress report from 7/11/2014 stated that patient underwent MRI of an unknown body part revealing abnormal findings. There was limited medical information submitted for review; hence, the medical necessity for MRI cannot be established as previous MRI may have been performed. Clarification of this information is merited at this time. Therefore, the request MRI of the lumbar spine is not medically necessary.

Electromyography RUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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 right shoulder pain radiating to the right forearm and hand. Pain was associated with instability, locking, and popping sensation. Right wrist pain radiated to her hand and fingers. Pain was associated with numbness, and tingling sensation. Examination of the right shoulder revealed erythema, positive impingement sign, restricted motion, crepitus, and tenderness. Motor strength, sensation, and reflexes were intact. However, guideline criterion for presence of focal neurologic dysfunction was not met. There is no discussion concerning need for variance from the guidelines. Therefore, the request for EMG of the right upper extremity is not medically necessary.

Nerve Conduction Velocity, RUE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 Other Medical Treatment Guideline or Medical Evidence: 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 right shoulder pain radiating to the right forearm and hand. Pain was associated with instability, locking, and popping sensation. Right wrist pain radiated to her hand and fingers. Pain was associated with numbness, and tingling sensation. Examination of the right shoulder revealed erythema, positive impingement sign, restricted motion, crepitus, and tenderness. Motor strength, sensation, and reflexes were intact. Clinical manifestations may indicate presence of peripheral neuropathy; hence, NCV is a

reasonable diagnostic option at this time. Therefore, the request for NCV of the right upper extremity is medically necessary.

Electromyography, BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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 experienced constant low back pain radiating to bilateral lower extremities, extending to her feet and toes, associated with numbness and tingling sensation. Aggravating factors included bending, twisting, and turning, carrying heavy objects, prolonged standing, and prolonged walking. Gait was antalgic. Toe and heel walk were compromised on the right. Examination of the lumbar spine showed tenderness, positive straight-leg raise test, restricted motion, and muscle spasm. Hyporeflexia was noted at the right ankle. There was also weakness of the right ankle plantarflexors. Sensation was diminished at the posterolateral foot and heel, right. X-ray of the lumbar spine, dated 7/11/2014, showed narrowing of the L5 to S1 disc. Clinical manifestations of the right lower extremity are consistent with radiculopathy; hence, EMG is a reasonable diagnostic option at this time. However, medical records submitted and reviewed failed to provide evidence of focal neurologic dysfunction affecting the contralateral leg as well. Guideline criteria are not met. Therefore, the request EMG of bilateral lower extremities is not medically necessary.

Nerve Conduction Velocity, BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to

have symptoms on the basis of 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 experienced constant low back pain radiating to bilateral lower extremities, extending to her feet and toes, associated with numbness and tingling sensation. Aggravating factors included bending, twisting, and turning, carrying heavy objects, prolonged standing, and prolonged walking. Gait was antalgic. Toe and heel walk were compromised on the right. Examination of the lumbar spine showed tenderness, positive straight-leg raise test, restricted motion, and muscle spasm. Hyporeflexia was noted at the right ankle. There was also weakness of the right ankle plantarflexors. Sensation was diminished at the posterolateral foot and heel, right. X-ray of the lumbar spine, dated 7/11/2014, showed narrowing of the L5 to S1 disc. Clinical manifestations of the left lower extremity may indicate presence of peripheral neuropathy; hence, NCV testing is warranted. However, findings at the right lower extremity are consistent with radiculopathy; hence, NCV is not indicated at this time. Guideline criteria are not met. Therefore, the request NCV of bilateral lower extremities is not medically necessary.

Acupuncture X 8 lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS 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 complains of persistent low back pain despite physical therapy and intake of medications. Acupuncture is a reasonable treatment option at this time. However, the present request for 8 sessions exceeds guideline recommendation of 3 to 6 visits as initial trial. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Acupuncture X 8 lumbar spine is not medically necessary.

Acupuncture X 8 for bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS 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 complains of persistent bilateral knee pain despite physical therapy and intake of medications. Acupuncture is a reasonable treatment option at this time. However, the present request for 8 sessions exceeds guideline recommendation of 3 to 6 visits as initial trial. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Acupuncture X 8 bilateral knees is not medically necessary.