

Case Number:	CM14-0170180		
Date Assigned:	10/20/2014	Date of Injury:	05/03/2012
Decision Date:	12/31/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/15/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 45 year old employee with date of injury of 5/3/2012. Medical records indicate the patient is undergoing treatment for left ankle sprain/strain; tarsal tunnel syndrome; mood disorder; sleep disorder and anxiety. Subjective complaints include chronic low back pain with bilateral lower extremity symptoms, chronic bilateral knee pain and left ankle and foot pain. The patient complains of back pain that is rated 5-6/10 with numbness and tingling to lower extremities. Pain is aggravated by standing, walking, bending, stooping, rising, ascending and descending stairs and activities of daily living. He complains of sharp stabbing knee pain (left) and burning ankle pain. His pain is moderate to severe, rated 5/10. He says that medication offers temporary relief and better sleep. Objective findings include 2+ tenderness at the bilateral PSIS and at the sacro-tuberous ligaments bilaterally. The lumbar spine range of motion is as follows (in degrees): flexion, 35; extension, 15; left lateral flexion, 20 and right lateral flexion, 15. The patient has a positive straight leg test bilaterally, positive Braggard's bilaterally and positive flip test bilaterally. On the right knee there is 2+ edema and 2+ tenderness at the lateral joint line. On the left knee there is tenderness to palpation over the medial and lateral joint line. Knee ranges of motion (in degrees) are as follows: left flexion, 80; right flexion, 75; left extension -20; right extension, -10. Bilaterally, the patient has a positive McMurray's and Lachman's and a negative Anterior and Posterior drawer and Varus/Valgus stress. The left ankle range of motion is as follows (in degrees) plantar flexion, 20; dorsiflexion, 10; inversion, 15 and eversion, 10. He has a positive anterior drawer of the left ankle. Treatment has consisted of Acupuncture, Ketoprofen 20% cream; Cyclophene 5% cream; Fanatrex; Dicopanol; Deprizine; Trabradol and Synapryn. The utilization review determination was rendered on 9/24/2014 recommending non-certification for One NCV/EMG of bilateral upper extremities; One NCV/EMG of bilateral lower extremities;

Unknown prescription for Capsaicin; Unknown prescription for Flurbiprofen Unknown prescription for Menthol and Unknown prescription for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

One NCV/EMG of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing EMG/NCS

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states "Recommended needle EMG or NCS, depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies". ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician details clinical radiculopathy. Guidelines recommend against a NCV/EMG with clinically obvious radiculopathy. The treating physician has not provided medical documentation to go outside or exceed medical recommendations at this time. As such, the request for EMG of the bilateral upper extremities is not necessary.

One NCV/EMG of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing EMG/NCS

Decision rationale: ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The treating physician notes that the patient has had a previous NCV on 2/26/14 that was normal. In addition the treating physician does not document red flag symptoms or a significant change in symptoms since the last NCV. As such the request for EMG of the bilateral lower extremities is not medically necessary.

Unknown prescription for Capsaicin: Upheld

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

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

Decision rationale: The MTUS and the ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. The MTUS states, "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." The MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, the ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Unknown prescription for Capsaicin is not medically necessary.

Unknown prescription for Flurbiprofen: Upheld

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

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

Decision rationale: The MTUS and the ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure

of antidepressants or anticonvulsants. The MTUS states, "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." The MTUS states that the only FDA-approved NSAID medication for topical use includes Diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for unknown prescription for Flurbiprofen is not medically necessary.

Unknown prescription for Menthol: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: The MTUS and the ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. The MTUS states, "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." The ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances may cause serious burns, a new alert from the FDA warns." As such, the request for unknown prescription for Menthol is not medically necessary.

Unknown prescription for Gabapentin: 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: The MTUS and the ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. The MTUS states, "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." The MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for unknown prescription for Gabapentin is not medically necessary.

