MAXIMUS Federal Services

Case Number:	CM14-0172060		
Date Assigned:	10/23/2014	Date of Injury:	10/23/2012
Decision Date:	12/12/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/17/2014

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 Colorado. 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 66 years old female worker sustained a work-related injury on October 23, 2012 when a large fireproof door struck the back of the workers head, neck and low back. The worker developed headaches, neck pain, low back pain, blurred vision, dizziness, and facial numbness. An MRI scan of the brain performed on April 10, 2014 revealed some focal areas of artifact possibly secondary to petechial hemorrhage. An MRI scan of the cervical spine on this same day revealed mild canal stenosis at C4-5, disc height loss him a mild at C5-6 with an osteophyte complex, with some moderate bilateral neuroforaminal stenosis. An MRI scan on this same date of the lumbar spine showed a trace disc bulge at L5-S1 and mild disc height loss at T12-L1.As of April 7, 2014 the injured worker complained of headaches, photophobia, hearing loss, tinnitus, cognitive disfunction (forgetfulness), cervical pain (8/10 with nonspecific upper extremity radiation), low back pain (8/10 with nonspecific blood from the radiation), urinary incontinence and frequency, sleep disorder, and stress and depression. Examination findings included mild tenderness and spasm of the posterior cervical muscles with diminished range of motion, mild tenderness of the lumbosacral paraspinal muscles with decreased motion, intact sensory and motor neurologic findings, intact neurologic and mental status exams. Treatments included tramadol, nortriptyline, Motrin, muscle relaxant. Nerve conduction studies and EMGs of the upper and lower extremities were recommended.As of August 19, 2014 there is documentation of continued complaints of moderate to severe neck pain, low back pain with pain radiating into both legs with numbness. Examination findings documented tender musculature of the spine and straight leg raising being positive. A Utilization Review on October 14, 2014 documents that the worker had a urine drug screen within the last preceding one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: Manual therapy and manipulation (i.e. chiropractic) are recommended for chronic pain if caused by musculoskeletal conditions where the intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities.In this case, there is no documentation of a functional deficit (i.e. effect on activities of daily living) or the goals of treatment in relation to the functional deficits. There is also insufficient documentation of factors precluding the worker from participation in a self-directed home exercise program. There is insufficient documentation of the clinical musculoskeletal findings suggesting the need for active manual manipulation treatment in a supervised rehabilitation setting. Therefore, the request for chiropractic treatment is not medically necessary or appropriate.

Urinalysis for toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Urine drug Screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 47.

Decision rationale: According to the MTUS, drug screens are recommended as an option, using a urine drug screen, to assess for the use or the presence of illegal drugs. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: c) Frequent random urine toxicology screens.In this case, there is no documentation that the injured worker is at high risk for opiod medication misuse and there is documentation of random drug screening within the preceding one-year time frame and therefore, the request for Urine Toxicology Test is not medically necessary and appropriate.

Flurbiprofen/capsaicin/camphor 10/0.025%/.2%/1% (120gm): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments, Topical Analgesics Page(s): 111-112.

Decision rationale: According to the MTUS many topical agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Also, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There are no MTUS guideline criteria for topical Flurbiprofen and this agent is not currently FDA approved for topical use. The MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or class of drugs that is not recommended is not recommended. Regarding capsaicin this agent is listed in the MTUS and may have clinical indication for chronic back pain. There are no MTUS guideline criteria for topical camphor.The request for Flurbiprofen/capsaicin/camphor 10/0.025%/.2%/1% (120gm) does not meet the specific clinical indications as provided by the MTUS and is not considered medically necessary or appropriate.

Ketoprofen/cyclobenzaprine/lidocaine 10%/3%/5% (120gm): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments, Ketoprofen, Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: According to the MTUS many topical agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. According to the MTUS, topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine and this medication has not been evaluated for treatment of the spine. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Regarding Ketoprofen, the MTUS provides that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis.The MTUS does not list specific indications for the topical use of cyclobenzaprine and states that the addition of cyclobenzaprine (Flexeril) to other agents is not recommended.According to the MTUS topical lidocaine, a component of the request preparation, may by recommended for localized peripheral pain in the treatment of chronic neuropathic pain disorders such as postherpetic neuralgia. There is no guideline for topical cyclobenzaprine and the MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or class of drugs that is not recommended is not recommended. The request for Ketoprofen/cyclobenzaprine/lidocaine

10%/3%/5% (120gm) does not meet the specific clinical indications as provided by the MTUS and is not considered medically necessary or appropriate.

Neurological consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Joslin Diabetes Center And Joslin Clinic Guideline For Specialty Consultation/Referral 07/29/13 http://www.joslin.org/Referral_Guidelines_8_6_13(1).pdf.

Decision rationale: There are no specific MTUS criteria regarding neurology consultation. An alternate guideline source is utilized. Specific indications for neurological consultation, per the guideline listed above, are:Rapidly progressing neuropathy Severe painful neuropathy non-responsive to first-line therapy Severe autonomic neuropathy including: Cardiovascular, including orthostatic hypotension Gastrointestinal, including gastroparesis and other bowel motility disorders bladder motility disturbance erectile dysfunction Sudomotor (gustatory hyperhidrosis)Sub-acute/chronic weakness indicative of neuropathyThere are no subjective complaints or objective findings satisfying any of these listed criteria and therefore, the request for a neurologic consultation is not medically necessary or appropriate.

EMG of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 296.

Decision rationale: According to the MTUS, nerve conduction velocity testing (i.e. EMG) is recommended to evaluate lumbosacral radiculopathy within 4-6 weeks, in the absence of severe or progressive neurologic symptoms. Unique symptoms of lumbosacral radiculopathy include abnormal gait, and leg pain, numbness, weakness, all in a specific distribution. Also, as provided by the MTUS, 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. EMGs are recommended to clarify nerve root dysfunction but not for clinically obvious radiculopathy.In this case, the injured worker has had non-focal lower extremity neurologic symptomology (i.e. not documented as occurring in a specific radicular distribution). Therefore, the request to authorize an EMG of the bilateral lower extremities is not considered medically necessary or appropriate.

NCV bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 12 Low Back Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 296.

Decision rationale: According to the MTUS, nerve conduction velocity testing (i.e. EMG) is recommended to evaluate lumbosacral radiculopathy within 4-6 weeks, in the absence of severe or progressive neurologic symptoms. Unique symptoms of lumbosacral radiculopathy include abnormal gait, and leg pain, numbness, weakness, all in a specific distribution. Also, as provided by the MTUS, 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. EMGs are recommended to clarify nerve root dysfunction but not for clinically obvious radiculopathy.In this case, the injured worker has had non-focal lower extremity neurologic symptomology (i.e. not documented as occurring in a specific radicular distribution). Therefore, the request to authorize bilateral lower extremity nerve conduction velocity tests is not considered medically necessary or appropriate.