

<b>Case Number:</b>	CM14-0028685		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

██████████ is a 55-year-old man who sustained a work-related injury on August 17, 2012. He subsequently developed with back and left knee. The patient was status post left knee surgery on February 2013 which was not helpful. According to the medical dated on January 16, 2014, the patient complained of pain on lumbar spine and left knee. Examination of the lumbar spine showed tenderness on paraspinals. Range of motion was decreased secondary to pain. On left knee examination showed tenderness on posterior ligament. McMurray's test of left knee was positive. Diagnoses were lumbar strain and other internal derangement of knee status post-surgery. The patient was treated with Capasaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 mgs, and (Amitriptyline 4%, Dextromethorphan 15%, Flurbiprofen 20%) 240 mgs. There was no clear documentation of efficacy of these medications. The provider requested authorization for the following.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TWO TIMES PER WEEK FOR SIX WEEKS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58, 60.

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

**Decision rationale:** According to MTUS guidelines, manual therapy “Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion.” “Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks.” There is no documentation of which part of the body will be treated with manual therapy. There is no clear documentation of exercise program that will be used in parallel with the manual therapy. There is no recent and clear documentation of musculoskeletal dysfunction. Therefore, the request for Chiropractic Visits 2 Times per week for 6 weeks not medically necessary.

**ACUPUNCTURE TWO TIMES PER WEEK FOR SIX WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to MTUS guidelines, “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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.” Furthermore and according to MTUS guidelines, “Acupuncture with electrical stimulation” is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites.” There is no documentation of which part of the body will be treated with acupuncture. There is no clear documentation of exercise program that will be used in parallel with the acupuncture. There is documentation of the goal and benefit expected from acupuncture. There is no recent and clear documentation of musculoskeletal dysfunction. Therefore, the request for acupuncture is not medically necessary.

**AMITRIPTYLINE 4%, DETROMETHORPHAN 15%, FURBIPROFEN 20%:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Amitriptyline and Flurbiprofen. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. The patient previously used topical analgesic without benefit. Based on the above, the use of Amitriptyline 4%, Dextromethorphan 15%, Flurbiprofen 20% is not medically necessary.

**CAPSAICIN 0.025%, FLURBIPROFEN 15%, TRAMADOL 15%, MENTHOL 2%, CAMPHOR 2%, 240 GM:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Capsaicin Flurbiprofen, Tramadol, Menthol and Camphor. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line oral medications. The patient previously used topical analgesic without benefit. Based on the above, the use of Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, 240 gm is not medically necessary.

**BILATERAL LOWER EXTREMITY VOLTAGE ACUTED SENSORY NERVE CONDUCTION:** 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): 178; 303-304.

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), 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. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient developed chronic back pain. The record provided do not clearly identify specific nerve root neurological deficit to necessitate a nerve conduction study. There is no clinical and radiological evidence pointing toward a clear specific nerve root neurological damage. There is no focal neurological signs on the patient physical examination. There is no discussion of the diagnostic value of the requested study. Therefore, the request for bilateral lower extremities voltage acuted sensory nerve conduction is not medically necessary.

**BILATERAL UPPER EXTREMITY VOLTAGE ACUTED SENSORY NERVE CONDUCTION:** 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): 178; 303-304.

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), 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. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient developed chronic back pain. The records provided do not clearly identify specific nerve root neurological deficit to necessitate a nerve conduction study. There is no clinical and radiological evidence pointing toward a clear specific nerve root neurological damage. There is no focal neurological signs on the patient physical examination. There is no discussion of the diagnostic value of the requested study. Therefore, the request for bilateral lower extremities voltage acuted sensory nerve conduction is not medically necessary.

