

<b>Case Number:</b>	CM14-0032410		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Physical Medicine and Rehabilitation, Pain Medicine, and is licensed to practice in Texas. 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 injured worker is a 62-year-old male who sustained an injury on 09/15/13 while moving furniture repetitively. The injured worker developed complaints of neck pain radiating to the right upper extremity through the elbow with associated numbness and tingling in the right hand. Prior treatment has included physical therapy, massage therapy, trigger point injections, and the use of electrical stimulation units. Electrodiagnostic studies from December of 2013 noted bilateral carpal tunnel syndrome that was mild in severity. The clinical report from 12/11/13 from a pain management physician noted persistent complaints of neck pain radiating to the right upper extremity that was severe 7-8/10 on the visual analog scale (VAS). Physical examination noted trigger points in the right trapezius musculature with tenderness to palpation. There was torticollis towards the right side. There was muscle atrophy noted at the right shoulder and the injured worker could not complete an Adson's test. There was minimal strength noted in the right lower extremity. The pain management physician prescribed topical compounded medications including Naprosyn and Cyclobenzaprine. The injured worker was recommended for a cervical traction kit as well as the use of a cervical collar. A urinary sample was obtained for toxicology testing and a predisposition genetic drug test was also performed at this evaluation. The retrospective predisposition genetics drug screen, inferential unit for home use, cervical soft collar, and compounded medications to include Cyclobenzaprine and Naprosyn were all denied by utilization review on 02/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Predisposition genetics drug test (done on 12/11/13): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Genetic testing for potential opioid abuse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Genetic testing for potential opioid abuse.

**Decision rationale:** In regards to the use of genetics testing for drug use, this type of testing is considered investigational and experimental and not recommended by Official Disability Guidelines (ODG). The clinical studies are inconsistent regarding the efficacy of this type of testing with inadequate statistics and a large amount of variability across a certain injured worker population. Given the lack of evidence to support the use of genetic profiling for injured workers being prescribed medications, the request is not medically necessary.

**Retro: IF unit for home use (was dispensed by rehab solutions without prior authorization): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** In regards to the request for an interferential home unit, the CA MTUS guidelines do not recommend interferential (IF) therapy as a sole intervention. The use of interferential therapy can be considered an option as an adjunct to formal physical therapy or a rehabilitation program. At the time, the IF unit was recommended for this injured worker there was no indication that the injured worker had been continuing with a formal plan of physical therapy or other rehabilitation programs. There is also no documentation of a trial period of an interferential home unit which had provided substantial functional improvement or pain reduction. Therefore, the request is not medically necessary.

**Retro: Soft cervical collar (was dispensed by rehab solutions without prior authorization): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Soft collars.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175.

**Decision rationale:** In regards to the request for a cervical soft collar, this durable medical equipment (DME) would not have been supported as medically necessary. There was no evidence of any direct trauma to the cervical spine resulting in cervical fractures or instability. The clinical literature has not shown any lasting benefit from the use of a cervical collar to address neck pain or myofascial complaints. Outside of some temporary benefits with initial use, long term use has not been established as effective for cervical collars. Therefore, the request is not medically necessary.

**Retro: Cylobenzaprine (bulk) 2% cream, three times a day (TID), as needed (PRN), Topical for muscle spasm relief (dispensed #60, 0 refills) has been dispensed out of [REDACTED] office,ief: 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 rationale:** According to the CA MTUS guidelines, topical compounded medications are largely considered experimental and investigational due to the lack of evidence in the clinical literature establishing that topical compounded versions of orally prescribed medications are any more effective than their oral counterparts. In this case, there is no indication from the clinical reports establishing that oral medications were ineffective for the injured worker or otherwise contraindicated. Therefore, the request is not medically necessary.

**Retro: Napro15% cream every eight (Q8) hours, as needed (PRN) for Topical pain and inflammation relief (has been dispensed out of [REDACTED] office): 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 rationale:** According to the CA MTUS guidelines, topical compounded medications are largely considered experimental and investigational by guidelines due to the lack of evidence in the clinical literature establishing that topical compounded versions of orally prescribed medications are any more effective than their oral counterparts. In this case, there is no indication from the clinical reports establishing that oral medications were ineffective for the injured worker or otherwise contraindicated. Therefore, the request is not medically necessary.