

<b>Case Number:</b>	CM14-0035791		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 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:

The injured worker is a 59-year-old-male sustained industrial injury on 07/29/2013 while performing his customary duties as a field worker carrying a 50-pound bag of weeds, slipped and fell. The patient immediately felt pain in his low back. He complains of low back pain, which is associated with numbness and tingling. It also radiates down to the left leg. The patient rates the severity of the pain as a 4 out 10. The pain is present 45% of the day and is aggravated by physical activities. He also complains of symptoms of depression and anxiety as well as difficulty sleeping. On exam, he has tenderness over paraspinal muscles. Straight leg raise test is positive at 20 degrees on the left lower extremity. Flexion is 55 degrees, Extension 15 degrees, R and L Bending 20 degrees, R and L rotation 20 degrees. Range of motion is limited secondary to pain. X-rays were negative for fracture and was reviewed with the patient. MRI on 10/02/13 of low back without contrast revealed: 1. Small-moderate left foraminal disc extrusion at L3-4 resulting in mild to moderate left foraminal stenosis. 2. Small right foraminal disc protrusion at L4-5 resulting in mild right foraminal stenosis. Medications include Anaprox for pain/inflammation, Norflex for muscle spasm/tightness. The patient has been treated with 12 visits of physical therapy. Diagnoses were lumbar spine musculoligamentous injury, lumbar spine radiculopathy and mood disorder. The patient continues to have persistent pain despite other conservative treatment methods. UR decision for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm; Amitriptyline 4%, Dextromethorphan 15%, Flurbiprofen 20% 240 gm and Physiotherapy; two times per week for six weeks were denied due to lack of medical necessity. UR decision modified the requested service of acupuncture to six visits. Request of chiropractic service is modified to six visits. Request for voltage actuated sensory nerve conduction and request for lumbar brace have been denied due to lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded cream: Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm:** 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.

**Decision rationale:** According to CA MTUS guidelines, Topical Analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. The same guidelines state; "Any compounded product that contains at least one drug (or drug class) that is not recommended is then not recommended". According to the CA MTUS guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient, as it is documented that he is prescribed oral medications. Per ODG/CA MTUS/ FDA Tramadol is not approved for topical use. This request is not medically necessary.

**Compounded cream: Amitriptyline 4%, Dextromethorphan 15%, Flurbiprofen 20% 240gm:** 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.

**Decision rationale:** According to CA MTUS guidelines, Topical Analgesics are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The same guidelines state; "Any compounded product that contains at least one drug (or drug class) that is not recommended is then not recommended". Amitriptyline in topical form is not recommended. There is no peer-reviewed literature to support topical use. As the medication include one compound that is not recommended according to the guidelines, the request is considered not medically necessary.

**Physiotherapy, two times per week for six weeks:** 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 Physical Medicine.

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 visits over 8 weeks for intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache. CA MTUS - Physical Medicine; Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing a Home Exercise Program (HEP) and at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guideline recommendation. Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.

**Voltage actuated sensory nerve conduction:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Academy of Neurology (AAN), The American Association of Electrodiagnostic Medicine (AAEM) and the Official Disability Guidelines (ODG).

**Decision rationale:** Per ODG guidelines voltage actuated sensory nerve conduction is not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. The American Academy of Neurology (AAN) and the American Association of Electrodiagnostic Medicine (AAEM) have both concluded that quantitative sensory threshold (QST) testing standards need to be developed and that there is as yet insufficient evidence to validate the usage of current perception threshold (CPT) testing. The Centers for Medicare and Medicaid Services (CMS) conducted an independent review of 342+ published studies and reconfirmed their 2002 findings that there still exist conflicting data reports, lack of standards, and insufficient trials to validate the efficacy of any type of s-NCT device. These tests provide a psychophysical assessment of both central and peripheral nerve functions by measuring the detection threshold of accurately calibrated sensory stimuli, and they are intended to evaluate and quantify function in both large and small caliber fibers for the purpose of detecting neurologic disease. This is different and distinct from assessment of nerve conduction velocity, amplitude and latency. It is also different from short-latency somatosensory evoked potentials. CMS

concludes that the use of any type of sensory Nerve Conduction Threshold (sNCT) device, including "current output" type device used to perform current perception threshold (CPT), pain perception threshold (PPT), or pain tolerance threshold (PTT) testing or "voltage input" type device used for voltage-nerve conduction threshold (v-NCT) testing, to diagnose sensory neuropathies or radiculopathies is not medically necessary.

**Lumbar Brace: 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 CA MTUS/ACOEM and Official Disability Guidelines.

**Decision rationale:** According to ACOEM there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. At this juncture, the use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. Based on the CA MTUS/ACOEM and Official Disability Guidelines and the clinical documentation stated above, the request for a lumbar brace is not medically necessary.

**Acupuncture, 2 sessions per week for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** 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. If implemented, the guidelines state 3-6 treatments is sufficient time to produce results, and additional treatments may only be indicated with documented functional improvement. The medical records do not establish the patient meets the above criteria, as there is no evidence of reduced or intolerable medications. Also, the requested number of sessions is not supported by the guidelines. Therefore, the medical necessity of the request of Acupuncture is not established.

**Chiropractic Care, 2 sessions per week for 6 weeks: 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.

**Decision rationale:** According to the CA MTUS guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients, in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, may be recommended. The CPMTG recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions with the goal of positive symptomatic or objective measurable gains in functional improvement and the return to productive activities. There is no documentation of any significant improvement in pain or function with prior treatment in this injured worker. Based on the documentation and guidelines, the request for a total of 12 visits is not medically necessary.