

Case Number:	CM14-0038504		
Date Assigned:	07/30/2014	Date of Injury:	01/06/2014
Decision Date:	09/16/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 male with date of injury 1/6/2014. Per doctor's first report of occupational injury or illness, dated 1/29/2014, the injured worker complains of lumbar spine pain radiating to the left hip. He received no treatment. On exam he has positive straight leg raise test on left lower extremity at 20 degrees. Diagnoses include 1) lumbar spine sprain/strain 2) lumbar spine radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter -Manipulation Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 12, 49, 298-300.

Decision rationale: This injured worker is acutely injured, and therefore the ACOEM Guidelines were used over the Chronic Pain Medical Treatment Guidelines. These guidelines report that manipulative therapy on appropriately selected patients may be effective in aiding recovery, as opposed to providing merely short-term comfort, only in patients with low back pain for defined periods of time (less than 4 weeks' duration). There is some controversy regarding

the use of spinal manipulation on patients with radiculopathy. A trial of manipulation for patients with radiculopathy is still an option, however, as there is consensus on its utility among practitioners who perform it, when radiculopathy is not progressive. During the acute phases of injury, manipulation may enhance patient mobilization. If it does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. Providing six weeks of chiropractic care is not consistent with these guidelines as there should be a shorter period to determine efficacy of the treatment before additional sessions are provided. The request for chiropractic 2x6 is determined to not be medically necessary.

Physiotherapy 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The injured worker is acutely injured, and therefore the ACOEM Guidelines were used over the Chronic Pain Medical Treatment Guidelines. The guidelines recommend the use of physical therapeutic interventions such as adjustment or modification of workstation, stretching, specific low back exercises for range of motion and strengthening, at home application of cold or heat, relaxation techniques, and aerobic exercises. One to two visits are recommended for education; counseling and evaluation of home exercise for range of motion and strengthening are recommended. The requesting physician does not provide sufficient support to justify an initial request for 12 sessions of physical therapy. The request for physiotherapy 2x6 is determined to not be medically necessary.

Interferential Stimulator plus supplies for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, interferential current stimulation.

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

Decision rationale: An interferential stimulator is not recommended by the MTUS Guidelines as an isolated treatment; however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator are not well designed to clearly demonstrate cause and effect. The MTUS Guidelines support the use of an interferential stimulator for a one month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. The injured worker is also acutely

injured, and it is too early to determine if he will need to have such therapy for a twelve month period. The request for Interferential Stimulator plus supplies for 12 months is determined to be medically necessary.

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines Low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Per the MTUS Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The guidelines do not indicate that the use of a lumbar spine brace would improve function. The requesting physician has not provided any information to support the use of a lumbar brace. The request for lumbar brace is determined to not be medically necessary.

Acupuncture 2 X 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines do recommend the use of acupuncture in the treatment of chronic pain. They recommend three to six treatments to produce functional improvements, at a frequency of one to three times per week. If functional improvement as a result of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. The request for acupuncture two times per week for six weeks exceeds the recommended three to six sessions to produce functional improvement. The request for acupuncture 2x6 is determined to not be medically necessary.

Functional Capacity Exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Guidelines for Performing an FCE.

Decision rationale: The MTUS Guidelines do not fully address the use of functional capacity evaluations. The ODG provide criteria for when a functional capacity evaluation may be utilized.

These criteria include repeated difficulty with returning to work, or when the injured worker is at or near reaching maximum medical improvement. Neither of these criteria is met for the injured worker to justify a functional capacity evaluation. Although there are other criteria that may warrant the use of a functional capacity evaluation, the injured worker's diagnoses and status do not apply to these criteria. The request for a functional capacity evaluation (FCE) is determined to not be medically necessary.

Voltage Actuated Sensory Nerve Conduction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medical/data/300_399/0357.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck chapter, Current Perception Threshold (CPT) Testing section.

Decision rationale: The MTUS Guidelines do not address the use of voltage actuated sensory nerve conduction. The ODG does not recommend this testing as it is considered experimental or investigation, as there is inadequate scientific literature to support any conclusions regarding the effects of this testing on health outcomes. The request for Voltage Actuated Sensory Nerve Conduction is determined to not be medically necessary.

Compound medication 240gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15% Menthol 2%, Camphor 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin section, Salicylate Topicals section, Topical Analgesics section Page(s): 28,104, 111-113.

Decision rationale: Topical capsaicin is recommended by the guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for two weeks for osteoarthritis. Flurbiprofen is supported for mild to moderate pain, particularly osteoarthritis of the knee. This injured worker has not been diagnosed with osteoarthritis that may benefit from a short term treatment from topical Flurbiprofen. The MTUS Guidelines state that Tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines and the ODG do not address the use of Tramadol as a topical analgesic. A PubMed search for topical Tramadol only provides research for topical Tramadol in post operative oral surgery and postoperative tonsillectomy. Menthol is not addressed by the guidelines, but it is often included in formulations

of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines. It is a well established folk remedy, and is commonly used. When applied to skin it seems to stimulate nerve endings that relieve symptoms such as pain and itching. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical analgesic, topical Flurbiprofen and topical Tramadol are not recommended, so the entire compounded agent is not recommended. The request for Compound medication 240gm Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15% Menthol 2%, Camphor 2% is determined to not be medically necessary.

Compound Medication 240gm Amitriptyline 4%, Dextromethorphan 15%, Flubiprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 111-113.

Decision rationale: The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for two weeks for osteoarthritis. Flurbiprofen is supported for mild to moderate pain, particularly osteoarthritis of the knee. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of Amitriptyline or other antidepressants as topical agents for pain; however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. Dextromethorphan is FDA approved an antitussive. Uses for chronic pain are investigational and experimental. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical analgesic, all of the active ingredients are not recommended. The request for Compound Medication 240gm Amitriptyline 4%, Dextromethorphan 15%, Flubiprofen 20% is determined to not be medically necessary.