

Case Number:	CM14-0040001		
Date Assigned:	08/01/2014	Date of Injury:	07/05/2005
Decision Date:	09/11/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/04/2014

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 58-year-old female who reported an injury on 07/05/2005. The mechanism of injury was not specifically stated. The current diagnoses include cervical disc protrusion, cervical sprain, left wrist sprain, anxiety, and depression. The latest physician progress report submitted for this review is documented on 04/05/2014. The injured worker presented with complaints of cervical spine pain and left wrist pain as well as depression and anxiety. Physical examination revealed limited cervical range of motion, 3+ tenderness to palpation of the cervical paravertebral muscles, 3+ tenderness to palpation of the medial and volar wrist, and positive carpal compression testing. Treatment recommendations at that time included a pain management consultation, a neurology consultation, toxicology testing, DNA testing, electrodiagnostic studies of the bilateral upper extremities, physical therapy, acupuncture, a hot/cold therapy unit, a sleep study, a psychiatric consultation, and a wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gm compound of 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is Diclofenac. Capsaicin is generally available as a 0.025% formulation for treatment of osteoarthritis in patients who have not responded or are intolerant to other treatments. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

240gm compound of Flurbiprofen 25% Cyclobenzaprine 02%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is Diclofenac. Muscle relaxants are not recommended for topical use. As such, the request is not medically necessary.

Physiotherapy two (2) times per week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy 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. There is no body part listed in the current request. Therefore, the request is not medically appropriate. As such, the request is not medically necessary.

Flexeril 10mg, one tablet by mouth two time per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. There is no documentation of palpable muscle spasm or spasticity upon physical examination. California MTUS Guidelines do not recommend long-term use of this medication. As such, the request is not medically necessary.

Omeprazole 20mg, one tablet by mouth two times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the request is not medically necessary.

Ibuprofen 600mg, one tablet by mouth, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDS are recommended as a second line option after Acetaminophen. There is no documentation of an acute exacerbation of chronic pain. There is also no mention of a failure to respond to first line treatment with Acetaminophen. California MTUS Guidelines do not recommend long-term use of NSAIDS. As such, the request is not medically necessary.

Crestor 5mg, one tablet by mouth at bedtime, #30: 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), Diabetes Chapter, Statins.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov. U.S. National Library of Medicine.

U.S. Department of Health and Human Services National Institutes of Health. Updated: 21 Aug 2014, Rosuvastatin.

Decision rationale: According to the U.S. National Library of Medicine, Crestor is used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be necessary in patients who have heart disease or in patients who are at risk of developing heart disease. There is no documentation of cardiovascular disease or increased risk factors for cardiovascular disease. The medical necessity for the requested medication has not been established. As such, the request is not medically necessary.

Sentra PM, two tablets by mouth every day: 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, Medical Foods, Sentra PM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Sentra PM.

Decision rationale: Official Disability Guidelines state Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. The injured worker does not maintain a diagnosis of insomnia. Therefore, the medical necessity for the requested medication has not been established. There was also no quantity listed in the current request. As such, the request is not medically necessary.

X-rays of the left wrist and left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Tables 11-1, 11-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 week period of conservative care and observation. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the left wrist and hand. The injured worker only demonstrated tenderness to palpation with positive carpal compression. As the medical necessity has not been established, the request is not medically necessary.

Functional Capacity Assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. Official Disability Guidelines state a Functional Capacity Evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. The injured worker is pending several treatment modalities and diagnostic studies. There is no indication that this injured worker is close to reaching or has reached maximum medical improvement. There is also no documentation of previous failed return to work attempts. As the medical necessity has not been established, the request is not medically necessary.

Psychological Assessment test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker maintains a diagnosis of anxiety and depression. However, there was no psychological examination provided for this review. There is no documentation of an attempt at conservative management. The specific type of psychological assessment test was not listed in the request. As such, the request is not medically necessary.

DNA testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Cytokine DNA Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42.

Decision rationale: California MTUS Guidelines state cytokine DNA testing for pain is not recommended. There is no current evidence to support the use of DNA testing for the diagnosis of pain, including chronic pain. Therefore, the request is not medically necessary.

Urine toxicology testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Screening for risk of addiction, tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no mention of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. The medical necessity has not been established. As such, the request is not medically necessary.

Pain Fiber Nerve Conduction Study (PF NCS) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state that for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine or the bilateral upper extremities. There is no mention of an attempt at any conservative treatment prior to the request for an electrodiagnostic study. As the medical necessity has not been established, the request is not medically necessary.

Pain fiber nerve conduction velocity (PF NCV) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state that for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in

patients with neck or arm symptoms lasting more than 3 or 4 weeks. There was no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine or the bilateral upper extremities. There is no mention of an attempt at any conservative treatment prior to the request for an electrodiagnostic study. As the medical necessity has not been established, the request is not medically necessary.