

Case Number:	CM14-0041957		
Date Assigned:	06/30/2014	Date of Injury:	02/07/2013
Decision Date:	08/15/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of February 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of acupuncture. In a Utilization Review Report dated March 26, 2014, the claims administrator denied a request for trigger point impedance imaging, localized intense neurostimulation therapy, Cyclobenzaprine, and numerous topical compounds. The applicant was placed off of work, on total temporary disability. Functional capacity testing, a pain management consultation, physical therapy, acupuncture, and orthopedic referrals were sought. In a later handwritten note dated February 19, 2014, again difficult to follow, not entirely legible, the applicant again presented with 9/10 multifocal bilateral shoulder, neck, and low back pain. The applicant exhibited tenderness and limited range of motion of numerous body parts. Numerous consultations, physical therapy, and localized intense neurostimulation therapy were sought while the applicant was placed off of work. The request for localized intense neurostimulation therapy was considered a repeat request, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger Point Impedance Imaging(TPII): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EFNS Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Based on the description of trigger point impedance imaging, this appears to represent a form of thermography. As noted in the ACOEM Guidelines, thermography is not recommended for diagnosing chronic low back pain, as appears to be present here. In this case, the attending provider has not furnished any compelling applicant-specific information, rationale, narrative commentary, or medical evidence which would offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary.

Localized Intense Neurostimulation Therapy(LINT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EFNS Guidelines Imaging-guided hyperstimulation analgesia in low back pain, Gorenberg M1, Schwartz K.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97. Decision based on Non-MTUS Citation Pain Research and Treatment, 2011.

Decision rationale: LINT, based on an article in Pain Research, appears to represent a form of percutaneous electrical nerve stimulation (PENS). However, as noted on page 97 of the MTUS Chronic Pain Guidelines, percutaneous electrical nerve stimulation or PENS is not recommended as a primary treatment modality but can be considered as an adjunct to a program of functional restoration after other nonsurgical treatments, including therapeutic exercises, and a TENS unit, have been tried, failed, and/or judged to be unsuitable. In this case, however, there has been no mention of a conventional TENS unit and/or therapeutic exercises being tried and/or failed here. There is no mention of a TENS unit being unsuitable here. No rationale for preferred provision of this particular modality was provided. As previously noted, the documentation on file was sparse, handwritten, and difficult to follow. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is seemingly using a variety of other oral and topical agents, many of which were deemed not medically necessary through the Utilization Review process, it is incidentally noted. Addition of

Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

FlurLido-A 30 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disabilities Guidelines) Chronic Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, it was not clearly stated why the applicant could not employ first-line oral pharmaceuticals here as opposed to what page 111 of the MTUS Chronic Pain Guidelines deems largely experimental topical compounds, such as the FlurLido compound in question. As noted previously, the documentation on file was sparse, handwritten, difficult to follow, and not entirely legible. No rationale for selection and/or ongoing usage of this particular cream was provided. As such, the request is not medically necessary and appropriate.

Ultraflex-G 240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines, Chronic Pain.

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

Decision rationale: One of the ingredients in the compound is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary.

Ultraflex-G 30gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Chronic Pain.

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

Decision rationale: As with the preceding requests, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that muscle relaxants are not recommended for topical compound formulation purposes. In this case, one of the ingredients in the compound is a muscle relaxant, Flexeril. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Guidelines. Therefore, the request is not medically necessary.