

Case Number:	CM14-0055508		
Date Assigned:	07/09/2014	Date of Injury:	04/24/2012
Decision Date:	09/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/24/2014

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 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:

This patient is a 51-year-old male who has submitted a claim for bilateral shoulder strain / sprain, rule out impingement, lumbar sprain / strain, rule out radiculopathy, bilateral wrist strain / sprain, rule out carpal tunnel syndrome, bilateral hand sprain / strain, bilateral hip sprain / strain, bilateral ankle sprain / strain, and bilateral feet pain associated with an industrial injury date of 04/24/2012. Medical records from 2007 to 2014 were reviewed. Patient complained of bilateral shoulder pain described as popping, clicking, and grinding sensation aggravated with reaching and lifting activities. Patient likewise experienced constant bilateral hand and wrist pain associated with cramping sensation leading to dropping off several objects. He had constant low back pain aggravated upon prolonged sitting, standing, and walking. He also had intermittent bilateral hip pain radiating to the gluteal areas. Physical examination showed painful arc against resisted abduction bilaterally. Tenderness was noted at bilateral trapezius, wrists, ankles and heels. C4 myotome was graded 4/5. Spurling's test was negative. Sensory and reflexes were normal. EMG/NCV of the lower extremities, dated 08/21/2013, demonstrated normal EMG and an abnormal NCV suggestive of proximal tibial neuropathy. EMG/NCV of the upper extremities, dated 08/21/2013, demonstrated normal EMG and an abnormal NCV suggestive of bilateral carpal tunnel syndrome and left ulnar nerve neuropathy. MRI of the lumbar spine, dated 09/09/2013, showed multi-level bilateral neural foraminal narrowing with bilateral exiting nerve root compromise at L1-L2, L2-L3, and L3-L4. At L4-L5 and L5-S1 levels, there was moderate to severe bilateral neural foraminal narrowing and bilateral nerve root compromise. Treatment to date has included acupuncture, physical therapy, and medications. Utilization review from 04/22/2014 modified the request for Pain Management for LESI into pain management consultation only because there were no findings suggestive of radiculopathy; denied Extracorporeal Shockwave Therapy, Two (2) times a week for Four (4) weeks because there was

no support for its use in the management of the patient's cited injuries; denied Acupuncture Eight (8) visits 2 x 4 because there was no objective evidence of functional benefit from previous treatment; denied EMG/NCV because there was no clear indication for repeat testing; denied Internal Medicine Consultation because there was no clear rationale for the requested service; and denied Flurb20%/Tram20%/Cyclo4% Cream and Gaba10%/Amitrip10%/Dextro10% Cream because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management for LESI.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, patient complained of persistent low back pain despite conservative management involving physical therapy, acupuncture, and medications; hence, this request for pain management for possible ESI. However, clinical manifestations were not consistent with radiculopathy to warrant such procedure. The medical records did not reveal uncertainty or complexity of issues on pain management. Guideline criteria were not met. Therefore, the request for Pain Management for LESI is not medically necessary and appropriate.

Extracorporeal Shockwave Therapy, Two (2) times a week for Four (4) weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: According to page 203 of the ACOEM Practice Guidelines referenced by CA MTUS, physical modalities, such as ultrasound treatment, etc. are not supported by high-quality medical studies but they may be useful in the initial conservative treatment of acute shoulder symptoms. Some medium quality evidence supports high-energy extracorporeal shock

wave therapy for calcifying tendinitis of the shoulder. In this case, there was no documented rationale for the requested treatment procedure. The medical necessity cannot be established due to insufficient information. Furthermore, patient had multiple body part complaints and the request failed to specify a localized region to be treated. Therefore, the request for Extracorporeal Shockwave Therapy, Two (2) times a week for Four (4) weeks is not medically necessary and appropriate.

Acupuncture Eight (8) visits 2 x 4.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that 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. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient has received acupuncture treatment in the past; however, the exact number of visits is not documented in the medical records submitted. Moreover, progress reports cited no functional improvement from previous sessions. There is no clear indication for additional treatment visits at this time. Therefore, the request for Acupuncture Eight (8) visits 2 x 4 is not medically necessary and appropriate.

Electromyography (EMG): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 537.

Decision rationale: CA MTUS ACOEM Guidelines state that electromyography (EMG) studies may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, patient complained of constant bilateral hand and wrist pain associated with cramping sensation leading to dropping off several objects. He had constant low back pain aggravated upon prolonged sitting, standing, and walking. He also had intermittent bilateral hip pain radiating to the gluteal areas. Physical examination showed weakness of C4 myotome. Spurling's test was negative. Sensory and reflexes were normal. Clinical manifestations were not consistent with focal neurologic deficit to warrant EMG. Moreover, EMG of bilateral upper and lower extremities was already accomplished on 08/21/2013 with unremarkable results. There is no clear indication for a repeat EMG at this time. The request likewise failed to specify body part to be tested. Therefore, the request for EMG is not medically necessary and appropriate.

Nerve conduction velocity (NCV): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261-262. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: CA MTUS ACOEM Guidelines state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. Moreover, ODG states that NCS is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but is recommended if the EMG is not clearly consistent with radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of constant bilateral hand and wrist pain associated with cramping sensation leading to dropping off several objects. He had constant low back pain aggravated upon prolonged sitting, standing, and walking. He also had intermittent bilateral hip pain radiating to the gluteal areas. Physical examination showed weakness of C4 myotome. Spurling's test was negative. Sensory and reflexes were normal. Clinical manifestations were not consistent with peripheral neuropathy to warrant NCV. Moreover, NCV of bilateral upper and lower extremities was already accomplished on 08/21/2013 showing proximal tibial neuropathy, bilateral carpal tunnel syndrome and left ulnar nerve neuropathy. There is no clear indication for a repeat NCV at this time. The request likewise failed to specify body part to be tested. Therefore, the request for NCV is not medically necessary and appropriate.

Internal Medicaine Consultation.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ,Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient had a history of hiatal hernia and colonic polyps in 2007. However, there were no recent subjective complaints or objective findings that may warrant a referral to internist. There is no clear indication for the requested service. The medical necessity cannot be established due to insufficient information. Therefore, the request for internal medicine consultation is not medically necessary.

Flurb20%/Tram20%/Cyclo4% Cream: 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 Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of flurbiprofen in compounded products. The topical formulation of tramadol does not show consistent efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. In this case, patient was prescribed topical cream as adjuvant treatment to oral medications. However, the requested medication contains Flurbiprofen, cyclobenzaprine, and tramadol which are not recommended for topical use. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Flurb20%/Tram20%/Cyclo4% Cream is not medically necessary and appropriate.

Gaba10%/Amitrip10%/Dextro10% Cream: 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 Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support the use of both opioid medications and gabapentin in a topical formulation. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Dextromethorphan is not addressed in the guidelines. In this case, patient was prescribed topical cream as adjuvant treatment to oral medications. However, the requested medication contains gabapentin, amitriptyline and dextromethorphan which are not recommended for topical use. Guidelines state that any compounded product that contains at

least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Gaba10%/Amitrip10%/Dextro10% Cream is not medically necessary and appropriate.