MAXIMUS Federal Services

Case Number:	CM14-0060669		
Date Assigned:	09/12/2014	Date of Injury:	04/23/2013
Decision Date:	11/17/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/01/2014

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:

This case is a 45 year old male with a date of injury on 4/23/2013. A review of the medical records indicate that the patient has been undergoing treatment for right shoulder sprain/strain, cervical sprain/strain, cervical disc protrusion, and neck pain. Subjective complaints (9/22/2014) include sharp neck and upper back pain and weakness, bilateral shoulder pain and stiffness. Objective findings (9/22/2014) include decreased cervical, thoracic, and bilateral shoulder range of motion. A nerve conduction study was performed on 6/24/2014, which revealed bilateral moderate palmer nerve branch deviation that is "higher than average". Another nerve conduction study was performed on 6/26/2014, which was "within normal limits". MRI of cervical spine (5/3/2014) indicates disc bulge to C3-4, C4-5, C5-6, C6-7, degenerative changes to endplates of C3-4. Treatment has included topical medications. Medical notes are unclear as to the patient's treatment history.A utilization review dated 4/7/2014 noncertified the following:- Voltage-actuated sensory nerve conduction- Compound Cream Capsaicin 0.025%, Flurbiprofen 15%, tramadol 15%, Menthol 2%, Camphor 2% 240gm- Cyclobenzaprine 2% Flurbiprofen20% 240gm- Acupuncture treatment Six visits 1x6- Physiotherapy twelve sessions 2 x 6- Functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Official Disability Guidelines treatment in workers compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 260-262 , 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS) and on Other Medical Treatment Guideline or Medical Evidence: CMS.gov, Decision Memo for Electrodiagnostic Sensory Nerve Conduction Threshold (CAG-00106R).

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG further clarifies "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." CMS also specifically writes regarding sensory or voltage type nerve conduction testing, "Based on the evidence as a whole, CMS concludes that the use of any type of s-NCT device (e.g., "current output" type device used to perform CPT (Current Perception Threshold), PPT (Pressure pain thresholds), or PTT (Pulse Transmission Time) testing or "voltage input" type device used for v-NCT testing) to diagnose sensory neuropathies or radiculopathies." The medical notes indicate two prior nerve conduction studies performed. The treating physician does not indicate why this specific study is necessary to aid in the treatment of the patient in addition to what has already been performed. The treating physician has not met the above ACOEM and ODG criteria for a nerve conduction testing of the upper extremities. Additionally, this special type of NCS is not recommended by Center for Medicare/Medicaid Services. As such the request for Voltage-actuated sensory nerve conduction is not medically necessary.

Compound Cream Capsaicin 0.025%, Flurbiprofen 15%, tramadol 15%, Menthol 2%, Camphor 2%, 240gm: Upheld

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

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

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do no indicate failure of antidepressants or anticonvulsants. CAPSAICINMTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances causes serious burns, a new alert from the FDA warns." FLURBIPROFENMTUS states that the only FDA- approved NSAID medication for topical use

includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. TRAMADOLMTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. MENTHOLODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances causes serious burns, a new alert from the FDA warns."MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this requested compound medication, flurbiprofen, tramadol are both not recommended, which renders the whole compound non-recommended. As such, request for Compound Cream Capsaicin 0.025%, Flurbiprofen 15%, tramadol 15%, Menthol 2%, Camphor 2%, 240gm is not medically necessary.

Cyclobenzaprine 2% Flurbiprofen 20%, 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do no indicate failure of antidepressants or anticonvulsants. FLURBIPROFENMTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. CYCLOBENZAPRINEMTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this requested compound medication, flurbiprofen and cyclobenzaprine are both not recommended, which renders the whole compound non-recommended. As such, request for Cyclobenzaprine 2% Flurbiprofen 20%, 240gm is not medically necessary.

Acupuncture treatment six visits 1 time per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Acupuncture

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly 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." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Additionally, medical documents do not indicate that pain medications are not tolerated.ODG states regarding Acupuncture of the neck and upper back, "Under study for upper back, but not recommended for neck pain." Additionally, "ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks." The medical notes do not appear to indicate prior acupuncture sessions. The request for 6 visits is in excess of the recommended 3-4 sessions. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for acupuncture for Acupuncture treatment six visits 1 times per week for 6 weeks is not medically necessary.

Physiotherapy twelve sessions, 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194,Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy, Preface - Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks, Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do not indicate any prior physical therapy. Per guidelines, an initial trial of six sessions is necessary before additional sessions can be approved. The request for 12 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for Physiotherapy twelve sessions 2 times a week for 6 weeks is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21,Chronic Pain Treatment Guidelines Work hardening program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional Capacity Evaluation (FCE)

Decision rationale: MTUS is silent specifically regarding the guidelines for a Functional Capacity Evaluation, but does cite FCE in the context of a Work Hardening Program. An FCE may be used to assist in the determination to admit a patient into work hardening program. Medical records do not indicate that this is the case. ACOEM states, "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability." The treating physician does not indicate what medical impairments he has difficulty with assess that would require translation into functional limitations. ODG states regarding Functional Capacity Evaluations, "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." The treating physician does not detail specifics regarding the request for an FCE, which would make the FCE request more "general" and not advised by guidelines. ODG further states, Consider an FCE if:1) Case management is hampered by complex issues such as: - Prior unsuccessful RTW (return to work) attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities.2) Timing is appropriate: - Close or at MMI (maximum medical improvement)/all key medical reports secured. - Additional/secondary conditions clarified.Do not proceed with an FCE if - The sole purpose is to determine a worker's effort or compliance. - The worker has returned to work and an ergonomic assessment has not been arranged.Medical records do not indicate the level of case management complexity outlined in the guidelines. As such, the request for a Functional Capacity Evaluation is not medically necessary at this time.