

Case Number:	CM14-0069320		
Date Assigned:	08/06/2014	Date of Injury:	07/02/1990
Decision Date:	09/11/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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:

Patient is a 49-year-old male who has submitted a claim for lumbar disc protrusion, lumbar sprain / strain, left wrist sprain / strain, left wrist tenosynovitis, and left knee meniscus tear associated with an industrial injury date of 07/02/1990. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain described as dull and sharp, graded 6/10 in severity, associated with numbness and tingling sensation radiating towards the lower extremities. Patient likewise reported of dull, stiff, left wrist pain aggravated upon prolonged grasping, gripping, and squeezing. He also experienced left knee pain aggravated during prolonged walking. Physical examination of the lumbar spine, left knee, and left wrist showed tenderness and restricted range of motion. Kemp's test resulted to pain. Reverse Phalen's test and carpal compression test at the left wrist were positive. There were no bruising, swelling or atrophy of the left knee. McMurray's test at the left knee was positive. EMG/NCV of bilateral lower extremities, dated 04/29/2014, was unremarkable. Treatment to date has included physical therapy and medications. Utilization review from 04/23/2014 modified the request for 12 Physiotherapy sessions into 6 sessions as initial trial; denied Orthopedic Consult for Left Wrist and Left Knee because of no significant attempts at conservative care; denied 1 PRP Injections of the Left Knee because it was not guideline recommended; denied 240 Grams of Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/Menthol 2%/Camphor 2% and 240 Grams of Flurbiprofen 15%/ Tramadol 15% because of limited published studies concerning its efficacy and safety; and denied EMG/NCV of the lumbar spine because there were no findings suggestive of an ongoing radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physio Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Physical Therapy (PT), Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-Preface, Physical Therapy Guidelines.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient previously underwent a course of physical therapy. However, the exact number of visits attended and patient's response to treatment were not discussed. There was no objective evidence of overall pain improvement and functional gains. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The medical necessity has not been established. Therefore, the request for 12 Physio Therapy Sessions is not medically necessary.

1 Orthopedic Consult for Left Wrist and Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 13, pages 254,270, 330, 334.

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 complained of dull, stiff, left wrist pain aggravated upon prolonged grasping, gripping, and squeezing. He also experienced left knee pain aggravated during prolonged walking. Physical examination showed tenderness and restricted range of motion. Reverse Phalen's test and carpal compression test at the left wrist were positive. McMurray's test at the left knee was positive. However, there was no documented rationale concerning need for a referral to orthopedic specialist. There was no evidence of exhaustion of conservative management to warrant such. The medical records did not reveal uncertainty or complexity of issues on pain management. The medical necessity cannot be established due to insufficient information. Therefore, the request for Orthopedic Consult for Left Wrist and Left Knee is not medically necessary.

1 PRP Injections of the Left Knee: 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), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Platelet-rich Plasma.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Knee Chapter was used instead. It states that PRP injections to the knees are under study. After 2 decades of clinical use, results of PRP therapy are promising but still inconsistent. PRP is still considered investigational and further research is needed before it can be made available to the general population. In this case, patient complained of left knee pain; however, there was no documented rationale concerning need for PRP. The guidelines do not consistently recommend it as a treatment procedure. There is no discussion concerning need for variance from the guidelines. Therefore, the request for platelet-rich plasma injection to the left knee is not medically necessary.

240 Grams 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 Medications, Capsaicin Topical, Topical NSAIDs, Menthol, Camphor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Analgesics Page(s): 28-29; 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. Page 28 states that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In addition, there is little to no research as for the use of flurbiprofen and opioid medications in compounded products. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. In this case, the compounded product was prescribed as adjuvant therapy to oral medications. However, the medication contains Flurbiprofen and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for 240 Grams of Capsaicin 0.025%/Flurbiprofen 15%/Tramadol 15%/Menthol 2%/Camphor 2% is not medically necessary.

240 Grams of Flurbiprofen 15%/ Tramadol 15%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Topical NSAIDs.

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. There is little to no research as for the use of flurbiprofen and opioid medications in compounded products. In this case, the compounded product was prescribed as adjuvant therapy to oral medications. However, the medication contains Flurbiprofen and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for 240 Grams of Flurbiprofen 15%/ Tramadol 15% is not medically necessary.

Nerve Conduction Velocity (NCV) Lumbar Spine: 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), Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS)X 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: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of 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 low back pain described as dull and sharp, graded 6/10 in severity, associated with numbness and tingling sensation radiating towards the lower extremities. Physical examination of the lumbar spine showed tenderness and restricted range of motion. Kemp's test resulted to pain. There was no data on motor strength, reflexes, sensory exam, and other provocative maneuvers. Clinical manifestations are not consistent with peripheral neuropathy to warrant NCV. Of note

EMG/NCV of bilateral lower extremities was accomplished on 04/29/2014 with unremarkable results. Therefore, the request for nerve conduction velocity (NCV) study lumbar spine is not medically necessary.

Electromyography (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain described as dull and sharp, graded 6/10 in severity, associated with numbness and tingling sensation radiating towards the lower extremities. Physical examination of the lumbar spine showed tenderness and restricted range of motion. Kemp's test resulted to pain. There was no data on motor strength, reflexes, sensory exam, and other provocative maneuvers. Clinical manifestations are not consistent with focal neurologic deficit to warrant EMG. Of note EMG/NCV of bilateral lower extremities was accomplished on 04/29/2014 with unremarkable results. The request likewise failed to specify body part to be tested. Therefore, the request for electromyography is not medically necessary.