

Case Number:	CM14-0090471		
Date Assigned:	08/11/2014	Date of Injury:	02/07/2014
Decision Date:	11/04/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/16/2014

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:

According to the provided documents, this is a 26 year old male patient with a date of injury on 2/7/14. The disputed treatments being addressed are a topical compound Flurbiprofen / Tramadol / Cyclobenzaprine 20/20/4% compounded cream; Amitriptyline / Dextromethorphan / Gabapentin 10/10/10% compounded cream; Menthoderm (Methyl Salicylate 15%/Menthol 10%) gel; Omeprazole 20 mg #30; NCV/EMG of the bilateral lower extremities; functional capacity evaluation. Requests for Naproxyn 550 mg #60 and Hydrocodone/APAP 2.5/325 mg #90 were certified. According to the utilization review determination letter these were requested in a 4/15/14 report. At that time, the injury was less than 2 months old. The 5/15/14 report is a Doctors 1st Report of Injury, Accompanied by a narrative of the same date. This indicates that the patient was 10 feet off the ground on a ladder painting when the ladder slid back and he fell. He landed on his back on a concrete floor with loss of consciousness for a brief moment although he does not recall hitting his head. He initially did not have much pain but about 3 days later he noted low back pain. He reportedly was to be sent to the company Dr., but this did not happen. He continued working through February 28 at which point he was terminated. Subjective complaints were low back pain, radiating into left lower extremity with numbness, weakness, tingling and burning. There is no mention of the specific distribution. Anxiety, depression, insomnia and nervousness were also complaints. Past medical history indicated patient was not taking any medications and made no mention of any gastrointestinal illnesses active or in the past. Examination findings included thoracic spine tenderness and spasm, lumbar spine tenderness and spasm. There is reduced range of motion, positive straight leg bilaterally at 60 degrees and decreased sensation to pinprick L4, L5 and S1 bilaterally that is not reproducible. Diagnoses were lumbar spine sprain/strain and rule out trauma status post fall. In addition to the aforementioned medications and electrodiagnostic testing, the treatment plan included that the

patient should start physical therapy and a neurologic consultation was ordered. A urine drug screen was done. A functional capacity evaluation was ordered for the purpose of determining if this patient is able to return to his usual and customary occupation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Flurbiprofen / Tramadol / Cyclobenzaprine 20/20/4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

Decision rationale: This injury is acute, there has not been any treatment therefore the ACOEM treatment algorithms have not been applied. Those guidelines do not recommend topical medications for treatment of acute injuries. The report makes no mention as to why this patient would require this particular combination of topical medication. Therefore, based upon the evidence and the guidelines this is not considered be medically necessary.

Topical Compound Amitriptyline / Dextromethorphan / Gabapentin 10/10/10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

Decision rationale: This injury is acute, there has not been any treatment therefore the ACOEM treatment algorithms have not been applied. Those guidelines do not recommend topical medications for treatment of acute injuries. The report makes no mention as to why this patient would require this particular combination of topical medication. Therefore, based upon the evidence and the guidelines this is not considered be medically necessary.

Topical Compound Methoderm (Methsalicylate 15% / Menthol 10%) gel 360mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49.

Decision rationale: This injury is acute, there has not been any treatment therefore the ACOEM treatment algorithms have not been applied. Those guidelines do not recommend topical medications for treatment of acute injuries. The report makes no mention as to why this patient

would require this particular combination of topical medication. Therefore, based upon the evidence and the guidelines this is not considered to be medically necessary.

Omeprazole 20mg #30: 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 NSAIDs, G.I. symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole, also known as Prilosec is a proton pump inhibitor, is supported by MTUS guidelines for concurrent use with non-steroidal anti-inflammatory medications for patients who are at high risk for gastrointestinal side effects from NSAIDs. The patient was prescribed naproxen, and NSAID. Guidelines indicate risk factors are that the patient is less than 65; there is no history of peptic ulcer, GI bleeding or perforation. There is no concurrent use of ASA, corticosteroids, and/or an anticoagulant, and there is no use of high dose/multiple NSAID. The requesting report does not document that the patient has any of the aforementioned risk factors. Therefore, based upon the evidence and the guidelines this is not considered to be medically necessary.

Electromyography (EMG) Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

Decision rationale: This report does not document any reproducible focal neurologic deficit in the lower extremities. There is no failure yet of conservative treatment because it has not been started. There is no red flag such as a progressive neurologic deficit or concern for cauda equina syndrome. ACOEM guidelines do not support EMG testing unless symptoms have persisted beyond one month of treatment or there is a red flag diagnosis. Additionally, the studies are only indicated when there is a need to clarify nerve root dysfunction which is not present because there is no documentation of reproducible nerve root dysfunction. Therefore, based upon the evidence and the guidelines this is not considered to be medically necessary.

Nerve conduction velocity (NCV) Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back, electrodiagnostic testing

Decision rationale: ACOEM guidelines do not even mention using nerve conduction studies to assess for lumbar sacral nerve root dysfunction. Official Disability Guidelines states it is not recommended because there is minimal justification for performing these studies where patient is presumed to have symptoms on the basis of radiculopathy. The report does not provide any rationale for performing this test otherwise. Therefore based upon the evidence and the guidelines, this is not considered to be medically necessary.

Functional Capacity Evaluation.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 138.

Decision rationale: The report states that this is being requested in order to determine whether or not the patient can return to his usual and customary job duties. ACOEM guidelines state that there is little scientific evidence to confirm that functional capacity evaluations predict an individual's capacity to perform in the workplace and that it reflects what an individual can do on a single day at a particular time under controlled circumstances. Therefore, based upon the evidence the guidelines, this is not considered to be medically necessary.