

Case Number:	CM14-0106355		
Date Assigned:	07/30/2014	Date of Injury:	09/15/2008
Decision Date:	07/02/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 32 year old male who sustained an industrial injury on 09/15/2008. Mechanism of injury occurred when his foot got caught in a blade of a harvesting machine, mangling his foot. Diagnoses include left mid tibia amputation done on 09/15/2008, severe phantom pain with neuromas, and painful stump with difficulty wearing prosthesis, severe post-traumatic stress disorder, insomnia, and back sprain/strain secondary to crutch use. Treatment to date has included diagnostic studies, surgery, medications, psychology sessions, physical therapy, and use of a crutch. On 06/21/2014 a Magnetic Resonance Imaging of the lumbar spine was done and revealed at L4-5 an there is dehydration of the disc. There is a 2mm posterior disc bulge with touching of the thecal sac and encroachment on the foramina. At L5-S1 there is a 10% decrease in the height of the disc. There is a 3mm posterior disc protrusion with annular tear. There is encroachment on the epidural fat and foramina. There is compromise of the exiting nerve roots bilaterally. An Electromyography done on 08/17/2014 showed evidence of a left mild active L4 denervation (Clinically-radiculopathy, by electrodiagnostic criteria. A physician progress note dated 06/17/2014 documents the injured worker still has moderate to severe low back pain. He has trouble sleeping. He has a burning sensation in his left tibial stump and he has a moderate to severe pain in the left tibia itself. He has numbness and tingling that radiates down to his left leg. He is not working. He takes OxyContin 20mg as needed, and uses topical creams of Ketoprofen, Gabapentin and Tramadol. His mood seems to be less depressed from his last visit. The injured worker's gait is a short leg limp with minimal antalgia from his prosthesis and stump. His back examination revealed restricted range of motion. The treatment plan is to continue using the topical creams. His pain mediation was switched to Tramadol

50mg #60, and he was dispensed Prilosec, Gabapentin and Xanax for sleep. A urine toxicology screen was done. Treatment requested is for 1 x-Force 2 Solar care purchase, unknown prescription of Gabapentin cream, unknown prescription of Ketoprofen cream, and unknown prescription of Tramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Tramadol cream: 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 Analgesic Page(s): 111-113.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for Unknown Prescription of Tramadol Cream. The request for authorization is dated 06/17/14. MRI of the lumbar spine, 06/21/14, shows L5-S1 a 3mm posterior disc protrusion with annular tear. Compromise of the exiting nerve roots bilaterally. EMG of the lower extremity, 07/18/14, shows left mild active L4 denervation (clinically - radiculopathy) by electrodiagnostic criteria. His lesion on the stump has actually gotten worse. It is more painful and it is infected. he claims that the pain in his lesion on his tibial tuberosity area goes up into his groin and it was back. The patient has a 4x3 cm full thickness skin loss, just lateral to his tibial tuberosity. Patient's medications include Tylenol #4, Prilosec, Gabapentin, Xanax and Topical Creams. Per progress report dated 03/17/15, the patient is temporarily totally disabled. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Tramadol, which is not supported for topical use. Therefore, the request IS NOT medically necessary.

Unknown prescription of Ketoprofen cream: Upheld

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

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

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for Unknown Prescription of Ketoprofen Cream. The request for authorization is dated 06/17/14. MRI of the lumbar spine, 06/21/14, shows L5-S1 a 3mm posterior disc protrusion with annular tear. Compromise of the exiting nerve roots bilaterally. EMG of the lower extremity, 07/18/14, shows left mild active L4 denervation (clinically - radiculopathy) by electrodiagnostic criteria. His lesion on the stump has actually gotten worse. It is more painful and it is infected. he claims that the pain in his lesion on his tibial tuberosity area goes up into his groin and it was back. The patient has a 4x3 cm full thickness skin loss, just lateral to his tibial tuberosity. Patient's medications include Tylenol #4, Prilosec, Gabapentin, Xanax and Topical Creams. Per progress report dated 03/17/15, the patient is temporarily totally disabled. MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." It further states that NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use 4-12 weeks." Treater does not specifically discuss this medication. In this case, the treater does not document or discuss its efficacy and how it has been or is to be used. Furthermore, topical NSAIDs are indicated for osteoarthritis and tendinitis, which the patient does not present with nor documented by treater. Therefore, the request IS NOT medically necessary.

Unknown prescription of Gabapentin cream: Upheld

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

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

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for Unknown Prescription of Gabapentin Cream. The request for authorization is dated 06/17/14. MRI of the lumbar spine, 06/21/14, shows L5-S1 a 3mm posterior disc protrusion with annular tear. Compromise of the exiting nerve roots bilaterally. EMG of the lower extremity, 07/18/14, shows left mild active L4 denervation (clinically - radiculopathy) by electrodiagnostic criteria. His lesion on the stump has actually gotten worse. It is more painful and it is infected. he claims that the pain in his lesion on his tibial tuberosity area goes up into his groin and it was back. The patient has a 4x3 cm full thickness skin loss, just lateral to his tibial tuberosity. Patient's medications include Tylenol #4, Prilosec, Gabapentin, Xanax and Topical Creams. Per progress report dated 03/17/15, the patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use. Therefore, the request IS NOT medically necessary.

1 x-Force 2 Solar care purchase: 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 TENS Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Infrared therapy.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for 1 X-Force 2 Solar Purchase. The request for authorization is dated 06/17/14. MRI of the lumbar spine, 06/21/14, shows L5-S1 a 3mm posterior disc protrusion with annular tear. Compromise of the exiting nerve roots bilaterally. EMG of the lower extremity, 07/18/14, shows left mild active L4 denervation (clinically - radiculopathy) by electrodiagnostic criteria. His lesion on the stump has actually gotten worse. It is more painful and it is infected. he claims that the pain in his lesion on his tibial tuberosity area goes up into his groin and it was back. The patient has a 4x3 cm full thickness skin loss, just lateral to his tibial tuberosity. Patient's medications include Tylenol #4, Prilosec, Gabapentin, Xanax and Topical Creams. Per progress report dated 03/17/15, the patient is temporarily totally disabled. The X-Force Stimulator is a proprietary device that utilizes a unique electrical signal to deliver monophasic, peaked impulses directly to the joint. The device is a dual modality unit, offering TEJS and TENS functions that both use electrical stimulation to combat pain found in the joint capsule. The X-Force Stimulator is a non-invasive, non-addictive form of therapy used to help relieve the symptoms caused by arthritis and other joint conditions. The MTUS guidelines are silent on X-force stimulators. However, they discuss the Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. ODG-TWC, Low Back Chapter, under Infrared therapy states, "Not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise)." Treater does not discuss the request. In this case, the patient does not present with an indication for a X-Force Stimulator with SolarCare. MTUS supports electrical stimulation units for neuropathic pain, spasticity, MS, phantom pain, and others. Additionally, the patient presents with chronic pain but ODG states a limited trial of IR therapy may be considered for treatment of acute LBP. Furthermore, prior to purchase, MTUS requires documentation of a 30 day trial with successful outcome. Therefore, the request IS NOT medically necessary.