

Case Number:	CM14-0192111		
Date Assigned:	11/25/2014	Date of Injury:	06/10/2013
Decision Date:	04/01/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 54 year old female who sustained an industrial injury on 6/10/2013. The current diagnoses are bilateral shoulder pain, cervical spine pain, and bilateral wrist pain - status post carpal tunnel release, bilaterally. Records submitted included progress notes from 5/7/14 and 8/14/14. On 5/7/14, the injured worker reported left hand tingling/numbness along with intermittent pain. Examination showed the left hand to be without swelling, atrophy, or instability of joints; there was decreased sensation over the median nerve distribution with Tinel's and Phalen's sign positive and median nerve compression test positive. Medications included anaprox and prilosec. It was noted that the injured worker had attended occupational therapy. In the progress report dated 8/14/2014, there were no subjective complaints noted. Treatment to date has included medications, occupational therapy, and surgery. Evaluation has included MRI of the right elbow and electrodiagnostic testing. Work status was noted as temporarily totally disabled. The treating physician is requesting 6 chiropractic sessions (unspecified body part), Gabapentin 15%/ Amitriptyline 4%/ Dextromethorphan 10%, 6 acupuncture sessions (unspecified body part), Cyclobenzaprine 2%/ Flurbiprofen 25%, and DNA testing, which is now under review. On 10/23/2014, Utilization Review had non-certified a request for 6 chiropractic sessions (unspecified body part), Gabapentin 15%/ Amitriptyline 4%/ Dextromethorphan 10%, 6 acupuncture sessions (unspecified body part), Cyclobenzaprine 2%/ Flurbiprofen 25%, and DNA testing. The California MTUS Chronic Pain and Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 6 sessions (unspecified body part): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 181, Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): p. 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. Per the MTUS, chiropractic manipulation is not recommended for the Ankle & Foot, Carpal tunnel syndrome, Forearm, Wrist, & Hand, Knee. The MTUS for chronic pain is silent on use of manipulation of the neck. The ACOEM states that cervical manipulation is a treatment option for neck pain or cervicogenic headache when used in the context of functional restoration rather than for pain alone, but that there is insufficient evidence to support manipulation for radiculopathy. Physical manipulation for neck pain is an option for treatment early in care only. The progress notes submitted document findings related to carpal tunnel syndrome, with prior diagnoses including neck and shoulder pain. In the most recent note, no complaints or examination findings were documented. The body part to be treated with chiropractic was not specified. The notes document prior diagnoses but current concerns focus on the wrists. The MTUS notes that chiropractic manipulation to the wrist and for carpal tunnel syndrome is not recommended. The prescription for chiropractic treatment is not sufficiently specific. Due to the lack of specification of body part to be treated, and the submitted documentation focused on a body part that is not recommended for chiropractic treatment, the request for Chiropractic x 6 sessions (unspecified body part) is not medically necessary.

Compound medication (Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% x 3 per day): 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 rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation submitted did not indicate that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. The site of application was not specified. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not

recommended. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. The MTUS and ODG are silent with regards to topical amitriptyline and dextromethorphan. As gabapentin is not recommended, the request for compound medication Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% x 3 per day is not medically necessary.

Acupuncture x 6 visits (unspecified body parts): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, 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 MTUS recommends an initial trial of 3-6 visits of acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. The body part to be treated was not specified. There was no documentation of reduction or intolerance to pain medication, and no plan for surgery. There was no documentation of a current physical rehabilitation program, and the request for chiropractic treatment has been found to be not medically necessary. Due to lack of indication in accordance with the guidelines, acupuncture x 6 visits (unspecified body parts) is not medically necessary.

Compound medication (Cyclobenzaprine 2%, Flurbiprofen 25%): 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): p. 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of trial and failure of oral antidepressants and anticonvulsants. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS, topical non-steroidal anti-inflammatory medications (NSAIDs) for short-term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The site of application was not specified. Topical NSAIDs are not recommended for neuropathic pain. There should be no concurrent use of an oral and topical NSAID. The progress note from May 2014 documents treatment with anaprox, an oral NSAID. The only FDA approved topical NSAID is voltaren gel (diclofenac). Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. As flurbiprofen is not an FDA approved topical NSAID, the injured worker may be receiving concurrent therapy with an oral NSAID in the form of anaprox, and the lack of

recommendation of topical cyclobenzaprine, the request for compound medication (Cyclobenzaprine 2%, Flurbiprofen 25%) is not medically necessary.

DNA Testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cytokine DNA testing for pain Page(s): p. 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: cytokine DNA testing.

Decision rationale: The MTUS states that cytokine DNA testing for pain is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Such testing has been applied as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome, but research has not met the minimum standards for inclusion for evidence-based review. The specific indication for the test was not documented. There was no discussion of this test in the progress notes submitted. As the MTUS and ODG do not recommend DNA testing, the request for DNA testing is not medically necessary.