

Case Number:	CM14-0192700		
Date Assigned:	11/20/2014	Date of Injury:	11/30/2009
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 70 year old female with a work injury dated 11/30/09. The diagnoses include cervical spine pain; lumbar spine pain; bilateral shoulder pain; bilateral wrist pain; anxiety. Under consideration are requests for MRI; Voltage- actuated sensory nerve conduction threshold (VSNCT); Topical Cream: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm; Topical Cream: Cyclobenzaprine 2%, Flurbiprofen 25% 180gm; Functional Capacity Evaluation (FCE); DNA Testing; Toxicology testing. There are written and typed 9/26/14 progress notes that state that the patient states she hurt her back repeatedly x 22 year and in 1990 strained her back while picking up 30lb mulch container. Claim includes head, neck, back, psyche and anxiety. She stopped work in 2010. She is status post-surgery on arms and hands and bilateral carpal tunnel surgery and bilateral elbow surgery. On physical exam she is well developed and well-nourished female with no acute distress. She is unable to lift her hands above her head and touch without hurting of bilateral arms and shoulders. There is reduced shoulder range of motion. There is decreased left grip strength compared to right. There is mildly decreased lumbar range of motion. The diagnoses include those listed above. The requests include MRI x 2; FCR; Acupuncture; VSNCT; Topical creams. The patient is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines and Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 303 and 304.

Decision rationale: MRI is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that an MRI of the cervical and lumbar spine was recommended to rule out underlying pathology and/or mechanical injury. The MTUS ACOEM guidelines that criteria to order physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. The MTUS states that recommend lumbar imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The documentation submitted does not reveal a red flag diagnoses. There is no documentation how an MRI would alter this treatment plan. The request as written does not indicate a body part for the MRI. The request for MRI is not medically necessary.

Voltage- actuated sensory nerve conduction threshold (VSNCT): 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) Low back- Current perception threshold (CPT) testing

Decision rationale: Voltage- actuated sensory nerve conduction threshold (VSNCT) is not medically necessary per the ODG Guidelines. The CA MTUS Chronic Pain and CA MTUS ACOEM do not address the request for voltage actuated sensory nerve conduction testing. The guidelines state that this is different and distinct from assessment of nerve conduction velocity, amplitude and latency. It is also different from short-latency somatosensory evoked potentials. CMS concludes that the use of any type of VSNCT device, including "current output" type device used to perform current perception threshold (CPT), pain perception threshold (PPT), or pain tolerance threshold (PTT) testing or "voltage input" type device used for voltage-nerve conduction threshold (v-NCT) testing, to diagnose sensory neuropathies or radiculopathies is not reasonable and necessary. Per ODG guidelines there are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of a patient over standard qualitative methods of sensory testing. The documentation does not reveal extenuating circumstances to go against these guidelines. Additionally the request does not specify a body part for testing therefore this treatment is not medically necessary.

Topical Cream: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm: Upheld

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

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

Decision rationale: Topical Cream: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical Gabapentin is not recommended. The guidelines state that there is no peer-reviewed literature to support use, interactions, and no need to titrate. The guidelines do not specifically support Amitriptyline or Dextromethorphan but do state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. 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. The guidelines do not support topical Gabapentin. The documentation does not indicate intolerance to oral medications. The request for Topical Cream Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm is not medically necessary.

Topical Cream: Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld

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

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

Decision rationale: Topical Cream: Cyclobenzaprine 2%, Flurbiprofen 25% 180gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in 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). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Cyclobenzaprine topical cream Cyclobenzaprine 25% Flurbiprofen 25% 180gm is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, pages 137- 138

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91, 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE)

Decision rationale: Functional Capacity Evaluation (FCE) is not medically necessary per the MTUS ACOEM and the ODG Guidelines. The ACOEM guidelines state that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. The ODG states that an FCE can be considered if case management is hampered by complex issues. The ODG states that it is not appropriate to perform an FCE if the worker has returned to work and an ergonomic assessment has not been arranged. The documentation does not indicate complex case management issues. The MTUS states that at present, there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The request for a Functional Capacity Evaluation is not medically necessary.

DNA Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain- Cytokine DNA testing

Decision rationale: DNA Testing is not medically necessary is not medically necessary per the ODG Guidelines and the MTUS guidelines. The guidelines state that there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. The documentation does not indicate extenuating circumstances that would require going against guideline recommendations. The request for DNA testing is not medically necessary.

Toxicology testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)- Urine drug testing (UDT)

Decision rationale: Toxicology testing is not medically necessary per the MTUS and the ODG guidelines. The documentation is not clear on how many prior urine toxicology tests were performed and the results of these tests. The request as written does not indicate a quantity. The

MTUS recommends random drug testing, not at office visits or regular intervals. The ODG states that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation does not indicate evidence of high risk adverse outcomes from prior testing. Without clarification of outcomes prior testing and without a quantity the request for toxicology testing is not medically necessary.