

Case Number:	CM15-0006159		
Date Assigned:	01/29/2015	Date of Injury:	07/27/2014
Decision Date:	03/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 25 year old man sustained an industrial injury on 7/27/2014. The mechanism of injury is not detailed. Current diagnoses include back disorder, lumbago, thoraci or lumbosacral neuritis or radiculitis unspecified, and sciatica. Treatment has included oral medications and physical therapy. Physician notes dated 12/10/2014 show a pain rating of 6/10. The worker states that physical therapy helped the pain. Recommendations include orthopedic and pain management consultations. On 12/8/2014, Utilization Review evaluated prescriptions for Terocin, Norflex, Prilosec, 16 sessions of physical therapy, one lumbar support, MRI of the lumbar spine, NCV/EMG of the lower extremities, SPF NCS of the lumbar spine, lumbar spine x-ray, urine drug screen, and functional capacity evaluation; that were submitted on 12/31/2014. The UR physician noted the following: regarding the Terocin, there is little to no research to support the use of this compounded agent to treat spinal arthritis. Regarding Norflex, the worker has no complaints or diagnosis of muscle spasm. Regarding Prilosec, there are no documented complaints of gastrointestinal upset or history of gastrointestinal disease or ulcers. Regarding physical therapy, the worker is a candidate for physical therapy, however, the guidelines recommend initial treatment with nine to ten sessions over eight weeks with additional sessions available with documentation of functional improvement with therapy. Regarding lumbar support, records indicate that the worker is a candidate for the support, however, the worker has already received one from the doctor on 8/1/2014. Therefore, a second lumbar support is not indicated. Regarding MRI of the lumbar spine, the examination does not show nerve compromise or red flag conditions that would indicate medical necessity. Regarding NCV/EMG

of the lower extremities, there is no documentation of motor, sensory, or reflex abnormalities. Regarding SPN NCS of the lumbar spine, there is no documentation of radiculopathy. Regarding lumbar x-ray, these were previously performed on 8/1/2014 and there have been no significant objective findings or changes noted. Regarding urine drug screen, the worker has not been prescribed medications that need to be monitored for compliance. Regarding functional capacity evaluation, the worker is expected to have improved condition and be able to return to work as the only treatment rendered so far has been oral medications. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and/or modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Terocin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals & Topical analgesics & Lidoderm Page(s): 105 & 111-113 & 56-57.

Decision rationale: Unknown prescription of Terocin is not medically necessary per MTUS guidelines. According to the Chronic Pain Treatment Guidelines MTUS, there is little use to support the use of many of these topical agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The active ingredient in Terocin Lotion are :Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10% Lidocaine 2.50% .Terocin contains Lidocaine which per MTUS guidelines is recommended for localized peripheral pain in patch form after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The MTUS does not support cream form of Lidocaine for neuropathic pain. Capsaicin is contained within Terocin and per MTUS Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation that patient is intolerant to other oral medications or treatments. Salicylate topicals are recommended by the MTUS and Terocin contains methyl salicylate .The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain. The patient does not meet the criteria for either Capsaicin and topical lidocaine in this case is not supported by the MTUS therefore the entire compounded product is not medically necessary. Furthermore, the request does not indicate a quantity. The request therefore for Terocin is not medically necessary.

Unknown prescription of Norflex: 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 Muscle relaxants (for pain) Page(s): 63 and 65.

Decision rationale: Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The dosing is 100 mg twice a day; combination products are given three to four times a day. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation indicates that the patient was initially prescribed Norflex on 8/15/14. The guidelines do not recommend this medication for long term use. Furthermore, the request as written does not indicate a dose or a quantity. For these reasons Norflex is not medically necessary.

Unknown prescription of Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk- Page(s): 68-69.

Decision rationale: Unknown prescription of Prilosec is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor and the request does not indicate a dose or quantity therefore the request for Prilosec is not medically necessary.

Physical therapy x 16 sessions: Upheld

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

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

Decision rationale: Physical therapy x 16 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The request exceeds this recommendation without any extenuating reasons to have additional supervised therapy visits. Furthermore, the request as written does not specify a body part. For all of these reasons the request for physical therapy is not medically necessary.

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9 & 298 & 301.

Decision rationale: Lumbar support is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The MTUS guidelines also state that there is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Furthermore, the guidelines state that the use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. The guidelines state that proper lifting techniques and discussion of general conditioning should be emphasized. The documentation submitted does not reveal extenuating reasons to go against guideline recommendations. Furthermore the patient was already given a lumbar support on 8/15/14 and therefore the request for lumbar support brace is not medically necessary.

MRI of the lumbar spine: 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): 303,304.

Decision rationale: MRI of the lumbar spine is not medically necessary per the ACOEM MTUS guidelines. The MTUS recommends 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. Recent physical exam documentation from October 2014 do not reveal progressive neurologic deficit or red flag finding. The request for MRI of the lumbar spine is not medically necessary.

NCV/EMG of the lower extremities: 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, Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low back- lumbar and thoracic

Decision rationale: NCV/EMG of the lower extremities is not medically necessary per the ACOEM MTUS Guidelines and the ODG. The MTUS states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG states that electromyography is an option for the low back. The recent documentation does not indicate evidence of motor, sensory or reflex abnormalities. The patient complains of radicular symptoms in his left leg, not bilaterally (although there is a positive straight leg raise.) The patient is presumed to have radiculopathy and there are no other history of physical exam findings to suggest peripheral polyneuropathy, entrapment/compression neuropathy or plexopathy in the bilateral lower extremities requiring a NCV/EMG. Therefore, this request is not medically necessary.

SPF NCS of the 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, Low Back-Lumbar & Thoracic (Acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Neck Hovaguimian A, Gibbons CH. Diagnosis and Treatment of Pain in Small Fiber Neuropathy. Current pain and headache reports. 2011;15(3):193-200. doi:10.1007/s11916-011-0181-7.

Decision rationale: SPF NCS of the lumbar spine is not medically necessary per the ODG and a review of the literature on small fiber neuropathy. The MTUS does not address NCS for the small pain fiber but does state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Traditional nerve conduction testing/EMG do not assess the small pain fibers. The ODG states that states that there are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. The article by Hovaguimian A, Gibbons CH titled the Diagnosis and Treatment of Pain in Small Fiber Neuropathy. (2011) states that one of the hallmarks of a pure small fiber neuropathy is a normal or near normal physical and neurologic examination. The coordination, motor, and reflex examinations will be normal. Light touch, vibratory sensation, and proprioception also may be normal, resulting in diagnostic confusion in some situations. Patients may have decreased pinprick, decreased thermal sensation, or hyperalgesia in the affected region. There may be mildly decreased vibratory sensation in some individuals. Associated skin changes in affected areas may include dry, cracked, or shiny skin, with decreased moisture on the surface of these affected areas as well. The causes of small fiber neuropathy were noted to be diabetes and prediabetes (including both impaired glucose tolerance and impaired fasting; metabolic syndrome; HIV , inflammatory neuropathies (such as Guillain-Barre syndrome and chronic inflammatory demyelinating polyneuropathy), celiac disease, hepatitis C , restless legs syndrome , complex regional pain syndrome type I , paraproteinemia, neurotoxic drug use, systemic lupus erythematosus, Sjogren's syndrome , abnormal thyroid function, amyloidosis, and paraneoplastic syndromes. This list is not

comprehensive and there are many case reports describing small fiber neuropathies in other diseases. In addition, there are inherited conditions which cause small fiber neuropathies, such as Fabry's disease and the hereditary sensory and autonomic neuropathies. The documentation does not indicate exam findings suggestive of small fiber neuropathy. There are no medical comorbidities noted above in the documentation submitted. The patient's symptoms are consistent with radiculopathy and not small fiber neuropathy therefore this test is not medically necessary.

X-ray of the lumbar spine: 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): 303,304. Decision based on Non-MTUS Citation Low back

Decision rationale: X-ray of the lumbar spine is not medically necessary per the MTUS and the ODG guidelines. The MTUS recommends 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 ODG states that radiography (x-rays) should be reserved for trauma, myelopathy or progressive neurological deficit, red flag diagnoses, age over 70, steroids or osteoporosis. The documentation does not indicate that the patient meets these criteria. There are no red flag physical exam findings. The patient already had lumbar x-rays in August 2014 and there are no extenuating reasons to repeat them. The request for lumbar spine x-ray is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: Urine drug screen is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that when initiating opioids a urine drug screen to assess for the use or the presence of illegal drugs. The ODG recommends urine drug screen as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The documentation does not indicate the patient is taking opioids therefore the urine drug screen is not 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 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Fitness for Duty

Decision rationale: Functional capacity evaluation is not medically necessary per the ODG and MTUS Guidelines. The MTUS states 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. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. There are no documents revealing complex work issues. The documentation indicates that the patient was a laborer that used the movements of grasping, power grasping, pushing and pulling with his arms. He was required to lift 50 lbs frequently a distance of 20 feet. The rationale for why a formal functional capacity is required is not clear. The request for a functional capacity evaluation is not medically.