MAXIMUS Federal Services

Case Number:	CM15-0100674		
Date Assigned:	06/03/2015	Date of Injury:	04/09/2014
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male who sustained an industrial injury on 4/9/14 when a co-worker fell on top of him along with boxes weighing 300 pounds. The injured worker struck his head but denies loss of consciousness. He rolled over, got up and immediately felt pain in his low back. He initially received no medical care and the next day noticed increased low back and neck pain and headaches. On May 21 2014 he present to orthopedic office for evaluation and treatment where he had cervical and lumbar x-rays (5/28/14) which were abnormal. His diagnoses at that time were cerebral concussion without loss of consciousness, with headaches, memory and cognitive problems; cervical spine strain, rule out C7-8 radiculopathy; lumbosacral sprain, with right more than left sciatica absent bilateral ankle reflexes and atrophy of right calf; rule out depression and insomnia; possible diabetic neuropathy both feet. He currently complains of neck pain when reading with feeling of neck weakness. His pain level is 4-5/10. He has right upper extremity radicular pain. He has constant, dull low back pain with a pain level of 3/10 and bilateral lower extremity radicular pain. He is independent with basic activities of daily living but has some difficulty with stair climbing, walking, and finances as he gets easily confused. Medications are lorazepam, temazepam, fluoxetine, Tramadol, naproxen. Diagnoses include cervical, cervicothoracic sprain/ strain; radiculopathy, upper limb brachial neuritis; lumbar spine sprain/ strain, bilateral lower extremity L5 lumbar radiculitis; daily headaches; gastroesophageal reflux disease with naproxen; cervical concussion without loss of consciousness. Treatments to date include trigger point injection to the neck; chiropractic treatments; cognitive behavioral therapy; acupuncture for anxiety with good results; physical therapy. Diagnostics include electromyography/ nerve conductions studies of bilateral upper

extremities (7/23/14) reveals normal electromyography and nerve conduction studies revealed bilateral carpal tunnel syndrome and bilateral ulnar neuropath, no radiculopathy; electromyography/ nerve conduction studies of bilateral lower extremities (8/21/14) were abnormal but with no lumbosacral radiculopathy; MRI of the brain (10/2014). On 5/7/15 Utilization Review evaluated requests for Flubi/Caps/Camp/ menthol cream X2 refills; range of motion and muscle testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Caps/Camp, menthol cream x 2 refills: Upheld

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

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.

Range of motion and muscle testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back, under Range of motion.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. In accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes such testing is part of a routine clinical musculoskeletal examination done by providers during routine office visits. It is not clear why it would need to be requested

as a special service. The ODG notes: Not recommended as a primary criterion, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. (Parks, 2003) (Airaksinen, 2006). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. (Andersson, 2000). Therefore, the request is not medically necessary.