

<b>Case Number:</b>	CM15-0105393		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: New York  
 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 6/17/13. She reported pain in the back, head, neck, left shoulder, hands, ankles, legs, knees, and upper and lower extremities. The injured worker was diagnosed as having headache, cervical musculoligamentous injury, cervical sprain/strain, thoracic musculoligamentous injury, thoracic sprain/strain, lumbar musculoligamentous injury, lumbar sprain/strain, left shoulder myoligamentous injury, left shoulder sprain/strain, right carpal tunnel syndrome, right wrist sprain/strain, right carpometacarpal joint, right interphalangeal joint, and bilateral knee sprain/strain. Treatment to date has included medication. X-rays of the cervical spine, thoracic spine, left hand, right hand, left shoulder, right wrist, left knee, right knee were obtained on 5/8/15. Currently, the injured worker complains of pain in the head, neck, bilateral shoulders, thoracic spine, lumbar spine, right wrist, bilateral hands, and bilateral knees. The treating physician requested authorization for a lab test for DNA testing, Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% 180g, TENS/EMS unit for rental, a lab test for urine analysis testing, and Capsaicin 0.25%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180g. Other requests included x-rays of the cervical spine, thoracic spine, lumbar spine, left shoulder, right wrist, left knee, right knee, right hand, and left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lab Test for DNA Testing: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/contents/>.

**Decision rationale:** Documentation reveals that the injured worker complains of chronic pain in the head, neck, bilateral shoulders, thoracic spine, lumbar spine, right wrist, bilateral hands, and bilateral knees, following a previous injury. Guidelines do not recommend DNA testing in this clinical scenario and documentation fails to show any clinical objective findings to establish the medical necessity for this lab test. The request for Lab Test for DNA Testing is not medically necessary per guidelines.

**X-Ray for The Cervical, Thoracic, and Lumbar Spine, Left Shoulder, Right Wrist, Left Knee, Right Knee, Right Hand and Left Hand: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 177, 207, 268, 268, 303, 341, 372.

**Decision rationale:** Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, pg 177 Shoulder Complaints, Special Studies and Diagnostic and Treatment Considerations, pg 207 Forearm, Wrist and Hand Complaints, Special Studies and Diagnostic and Treatment Considerations, pg 268 Low Back Complaints, Special Studies and Diagnostic and Treatment Considerations, pg 303 Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, pg 341 Ankle and Foot Complaints, Special Studies and Diagnostic and Treatment Considerations, pg 372 MTUS recommends spine x rays only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. MTUS recommends plain-film radiographs of the shoulder, hand, wrist, foot or ankle, only after a period of conservative care and observation, and only when a red flag is noted on history or examination to raise suspicion of a dangerous condition or of referred pain. The injured worker complains of chronic pain in multiple joints. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. Furthermore, physician report fails to show any red flags on physical examination to support the medical necessity for imaging. The request for X-Ray for The Cervical, Thoracic, and Lumbar Spine,

Left Shoulder, Right Wrist, Left Knee, right knee, right hand, and left hand is not medically necessary per MTUS.

**Gabapentin 15 Percent, Amitriptyline 4 Percent, Dextromethorphan 10 Percent 180 Gram:** 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.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS does not recommend Gabapentin as a topical agent. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Gabapentin 15 Percent, Amitriptyline 4 Percent, Dextromethorphan 10 Percent 180 Gram is not medically necessary by MTUS.

**TENS/EMS Unit for Unspecified Duration of Rental:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

**Decision rationale:** MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should also be submitted. When prescribed, a 2-lead unit is generally recommended. Per guidelines, if a 4-lead TENS unit is recommended, there must be additional documentation as to the reason why. The injured worker complains of chronic pain in multiple joints. Documentation provided does not show evidence that other appropriate pain treatment modalities have failed or that a specific functional program is being prescribed. The request for TENS/EMS Unit for Unspecified Duration of Rental is not medically necessary.

**Lab Test Urine Analysis 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preoperative lab testing and Other Medical Treatment Guidelines <http://smartmedicine.acponline.org/content>, Hypertension.

**Decision rationale:** MTUS recommends routine periodic laboratory monitoring for patients on non-steroidal anti-inflammatory drugs (NSAIDs) according to package inserts, to include CBC (complete blood count) and chemistry profile (including liver and renal function tests). MTUS does not make recommendations regarding urine analysis. ODG recommends preoperative urinalysis for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material. The American College of Physicians recommends laboratory testing, including urinalysis in certain patients with Hypertension to assess for target organ damage. Documentation fails to show that the injured worker is taking NSAIDs, undergoing surgery or diagnosed with a chronic medical condition that would warrant checking a urine analysis. The request for Lab Test Urine Analysis Testing is not medically necessary.

**Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180 Gram:** 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.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS does not recommend Gabapentin as a topical agent and Flurbiprofen is not FDA approved for topical application. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2%, 180gm is not medically necessary.