

Case Number:	CM15-0011592		
Date Assigned:	02/13/2015	Date of Injury:	08/01/2010
Decision Date:	04/02/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Massachusetts

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

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 56 year old male, who sustained an industrial injury on 8/1/2010. On 1/20/15, the injured worker submitted an application for IMR for review of Anaprox, Methoderm, Norflex, Prilosec, Terocin, EMG/NCV of the lower extremities, EMG/NCV of the upper extremities, MRI of the lumbar spine, one spf-NCS of the cervical spine, one spf-NCS of the lumbar spine, one spf-NCS of the upper extremities, pain management consultation, lumbar support, and one wrist splint. The treating provider has reported the injured worker complained of neck, bilateral shoulder, bilateral hand and wrist, upper and mid and lower back pain. The injured worker also complained of bilateral knee, ankle and foot pain. The diagnoses have included cervical radiculopathy, thoracic and lumbar radiculopathy, facial contusion, vision difficulty, bilateral shoulder tendonitis, bilateral lateral epicondylitis, right wrist sprain, bilateral meniscal tear, and anxiety. Treatment to date has included physical therapy, acupuncture, cortisone injections to neck and low back regions. On 12/23/14 Utilization Review non-certified Anaprox, Methoderm, Norflex, Prilosec, Terocin, EMG/NCV of the lower extremities, EMG/NCV of the upper extremities, MRI of the lumbar spine, one spf-NCS of the cervical spine, one spf-NCS of the lumbar spine, one spf-NCS of the upper extremities, pain management consultation, the lumbar support, and one wrist splint. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. Menthoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. He has pain including localized peripheral pain that could be amenable to topical treatment. Therefore, Menthoderm was medically necessary.

Terocin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine topical, Capsaicin topical, Salicylate topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. Terocin lotion contains methyl salicylate, capsaicin, menthol, and Lidocaine. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Topical

lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. In this case, the request also includes the oral non-steroidal anti-inflammatory medication Anaprox. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.

One lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (s) 298, 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12: Low Back Disorders, p138- 139.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the claimant has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support was therefore not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12: Low Back Disorders, p138- 139.

One wrist splint: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Splinting.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider,

physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. In this case, the claimant has physical examination findings consistent with carpal tunnel syndrome. In the treatment of carpal tunnel syndrome, guidelines recommend splinting of the wrist in neutral position at night and during the day as needed as an option in conservative treatment. Therefore the left wrist brace was medically necessary.

Norflex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), (2) Orphenadrine Page(s): 63, 65.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. Norflex (orphenadrine) is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and the amount being prescribed is consistent with long-term use. It was therefore not medically necessary.

Anaprox: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of Anaprox (naproxen) is 275-550 mg twice daily

and the maximum daily dose should not exceed 1100 mg. In this case, Anaprox taken two times per day is in within guideline recommendations and therefore medically necessary.

Prilosec: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Medications include naprosyn at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as Prilosec be prescribed.

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has ongoing widespread symptoms with unclear etiology. Therefore, the requested evaluation is medically necessary.

MRI 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 (ODG), Low back-Lumbar & Throacic (Acute & Chronic).

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. Prior testing has included three lumbar spine MRI scans, most recently in May 2012. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant pathology. Therefore, the requested MRI was not medically necessary.

EMG/NCV of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS)) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. Prior testing has included electrodiagnostic studies of the upper extremities on 12/16/10 and lower extremities on 02/15/11. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the

setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. Repeat testing is not medically necessary.

EMG/NCV of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS)) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. Prior testing has included electrodiagnostic studies of the upper extremities on 12/16/10 and lower extremities on 02/15/11 and 07/31/12. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. Repeat testing is not medically necessary.

One spf-NCS of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS)) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. Prior testing has included

electrodiagnostic studies of the upper extremities on 12/16/10 and lower extremities on 02/15/11 and 07/31/12. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. Repeat testing is not medically necessary.

One spf-NCS of the upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS)) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. Prior testing has included electrodiagnostic studies of the upper extremities on 12/16/10 and lower extremities on 02/15/11 and 07/31/12. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. Repeat testing is not medically necessary.

One spf-NCS of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic),

Electrodiagnostic testing (EMG/NCS)) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. Prior testing has included electrodiagnostic studies of the upper extremities on 12/16/10 and lower extremities on 02/15/11 and 07/31/12. Indications for repeat testing include the following: (1) The development of a new set of symptoms (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barre syndrome) (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis (5) When there is an unexpected course or change in course of a disease and (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury. In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. Repeat testing is not medically necessary.

Two functional capacity evaluations: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, Official Disability Guidelines (ODG), Fitness for duty chapter, Procedure summary, FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for chronic widespread pain. When seen by the requesting provider, physical examination findings are reported as including positive cervical and lumbar neural tension signs with decreased bilateral upper extremity and lower extremity strength and sensation. Tinel and Phalen test were positive bilaterally. There were multiple areas of tenderness, trigger points, and decreased range of motion. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, requests include further evaluations, diagnostic testing, and the prescribing of medications. He is therefore not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary.