

Case Number:	CM15-0138804		
Date Assigned:	08/12/2015	Date of Injury:	11/29/2012
Decision Date:	09/30/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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: Pediatrics, 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 59-year-old, male who sustained a work related injury on 11-29-12. The diagnoses have included headaches, cervical spine strain-sprain, cervical spine radiculopathy, bilateral shoulder strain-sprain, rule out impingement syndrome, rule out bilateral shoulder tendinitis, bilateral elbow strain-sprain, rule out lateral epicondylitis, bilateral wrist strain-sprain, rule out carpal tunnel syndrome, rule out bilateral wrist tenosynovitis, bilateral hand pain, abdominal pain, right rib strain-sprain, thoracic spine strain-sprain, rule out herniated nucleus pulposus, thoracic spine pain, lumbar spine strain-sprain, rule out herniated nucleus pulposus, lumbago, lumbar spine radiculopathy, bilateral knee strain-sprain, rule out internal derangement, bilateral ankle strain-sprain, and rule out anterior talofibular ligament tear.

Treatments have included oral medications, topical pain creams, physical therapy, a right elbow injection, heat- cold therapy, and chiropractor treatments. In the Doctor's First Report of Occupational Injury or Illness dated 5-11-15, the injured worker reports head pain. He rates this pain level a 6-7 out of 10. He reports neck pain. He rates this pain level an 8 out of 10. He reports bilateral shoulder pain. He rates this pain level a 6-8 out of 10. He reports elbows pain. He rates this pain level a 4- 6 out of 10. He reports wrists-hands pain. He rates this pain level a 4-8 out of 10. He reports abdomen pain. He reports right ribs pain. He rates this pain level a 6-7 out of 10. He reports mid back pain. He rates this pain level a 6-7 out of 10. He reports low back pain. He rates this pain level an 8 out of 10. He reports knees pain. He rates this pain level a 6-8 out of 10. He reports ankles pain. He rates this pain level a 4-6 out of 10. On physical exam, he has +2 tenderness at the occipital muscles, scalenes and sternocleidomastoids. He has decreased range of motion in neck. He has +2 tenderness at the supraspinatus and infraspinatus muscles-

Tendon attachment sites, acromioclavicular joint, and subacromial space. He has decreased range of motion. He has a positive Neer's impingement. He has tenderness over the lateral epicondyle and extensor muscle compartments. He has decreased range of motion. He has positive Cozen's sign. He has +2 tenderness over carpals, carpal tunnel, thenar-hypothenar eminence, joints of the digits, dorsal and ventral surface of hand, flexor tendon, dorsal extensor muscle compartments and metacarpals. He has decreased range of motion. He has positive Tinel's sign. He has decreased sensation and motor strength. He has +2 tenderness to palpation over the 2nd and 4th ribs and costochondral junction. He has +2 tenderness over T3-T6 with muscle guarding. He has decreased range of motion. He has positive Kemp's sign. He has +2 tenderness at L2-L5 with muscle guarding. He has decreased range of motion. He has positive straight leg raise. He has +2 tenderness over the medial-lateral joint and patella-femoral joint lines of knees. He has decreased range of motion. He has positive McMurray's and Lachman's tests. He has +2 tenderness over the medial-lateral malleolus, deltoid ligament and anterior talofibular ligament. He has decreased range of motion in ankles. He has positive eversion-inversion. Sensation and muscle strength is decreased. He is not working. The treatment plan includes requests for x-rays, TENS unit, hot- cold unit, physical therapy, acupuncture, shockwave, MRIs, EMG-NCV studies, referrals to a neurologist and internal medicine physicians, for intensive neurostimulation treatment and for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of multiple body parts: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 208-209, 268-289, 303-304, 343, 373-374.

Decision rationale: Per the CA MTUS, ACOEM guidelines, MRI of any body part(s) is recommended for certain diagnoses or conditions. There is insufficient documentation of any of the body parts in question as to more detailed complaints or physical exam findings to warrant ordering MRIs. The request for MRIs does not specify what body parts are to be imaged. Therefore, the requested treatments of MRIs of multiple body parts are not medically necessary.

Compound medication Ketoprofen 20% 167gm: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Because this medication is not approved for topical use, the requested cream consisting of Ketoprofen is not medically necessary.

Localized intensive neurostimulation (8-sessions): 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: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 121.

Decision rationale: Per the CA MTUS guidelines, not recommended. Neuromuscular Electrical Stimulation (NMES) is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. This therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Since this device is not recommended for use in patients who have chronic pain, the requested treatment of a local intensive neurostimulation device is not medically necessary.

Shockwave therapy (8-sessions): 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 Official Disability Guidelines (ODG) ESWT (Extracorporeal Shockwave Therapy).

Decision rationale: Per the ODG, Extracorporeal Shockwave Therapy (ESWT) is recommended in the treatment of burn wounds. Shock wave therapy may work by increasing blood flow to the tissues and providing an anti-inflammatory effect. Recommended for calcifying tendinitis but not for other shoulder disorders. There are no recommendations or guidelines for ESWT in the treatment of cervical or lumbar spine injuries. Because the injured worker does not have calcifying tendinitis and it is not recommended for any other joints or for cervical or lumbar spine injuries, the requested treatment of shockwave therapy is not medically necessary.

Synapryn 10mg/ml 500ml: 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 Glucosamine, Opioids Page(s): 50, 77-78.

Decision rationale: Synapryn (tramadol with glucosamine) oral suspension: The reason for combining these medications is not discussed in any physician report. Given that tramadol is generally a prn medication to be used as little as possible, and that glucosamine (assuming a valid indication) is to be taken regularly regardless of acute symptoms, the combination product is illogical and not indicated. Tramadol is prescribed without clear evidence of the considerations and expectations found in the MTUS and similar guidelines. Opioids are minimally indicated, if at all, for chronic back pain. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient has failed a trial of non-opioid analgesics. The MTUS provides support for treating moderate arthritis pain, particularly knee OA, with glucosamine sulphate. Other forms of glucosamine are not supported by good medical evidence. The treating physician in this case has not provided evidence of the form of glucosamine in Synapryn, and that it is the form recommended in the MTUS and supported by the best medical evidence. In addition, should there be any indication for glucosamine in this case; it must be given as a single agent apart from other analgesics, particularly analgesics like tramadol, which are habituating. Synapryn is not medically necessary based on the MTUS, lack of good medical evidence, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Tabradol 1mg/ml 250ml: 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 Cyclobenzaprine, Muscle Relaxants Page(s): 42, 63-66.

Decision rationale: Tabradol is cyclobenzaprine in an oral suspension. The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. This patient has chronic pain with no evidence of prescribing for flare-ups, and the pain is in the extremity and the low back. The MTUS states that treatment with cyclobenzaprine should be brief, and that the addition of cyclobenzaprine to other agents is not recommended. In this case, cyclobenzaprine is added to other agents and the oral suspension form plus topical is experimental and unproven. Prescribing was not for a short-term exacerbation. Multiple medications, including a topical muscle relaxant, were prescribed together without adequate trials of each. Per the MTUS, cyclobenzaprine is not indicated and is not medically necessary.

Deprizine 15mg/ml 250ml: 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 NSAIDS Page(s): 68-69.

Decision rationale: Per CA MTUS guidelines, Deprizine is ranitidine in an oral suspension. Ranitidine is prescribed without any rationale provided. If ranitidine is prescribed as cotherapy with an NSAID, ranitidine is not the best drug. Note the MTUS recommendations cited. There are no medical reports, which adequately describe the relevant signs and symptoms of possible GI disease. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. Ranitidine is not medically necessary based on the MTUS.

Dicopanol (diphenhydramine) 5mg/ml 150ml: 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 Chapter, Insomnia.

Decision rationale: The treating physician has stated that Dicopanol is diphenhydramine and other unnamed ingredients. Medical necessity cannot be determined for unspecified compounds, and unpublished ingredients cannot be assumed to be safe or effective. Dicopanol is not medically necessary on this basis alone. In addition, Dicopanol is stated to be for insomnia. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Note the Official Disability Guidelines citation above. That citation also states that antihistamines are not indicated for long term use as tolerance develops quickly, and that there are many, significant side effects. Dicopanol is not medically necessary based on lack of a sufficient analysis of the patient's condition, the ODG citation, and lack of information provided about the ingredients.

Fanatrex (Gabapentin) 25mg/420ml: 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 Anti-Epilepsy Drugs Page(s): 16-21.

Decision rationale: Per CA MTUS guidelines, Fanatrex is stated to be a formulation of gabapentin. None of the physician reports adequately discuss the signs and symptoms diagnostic of neuropathic pain. There are no physician reports, which adequately address the specific symptomatic and functional benefit from the anti-epilepsy drugs (AEDs) used to date. Note the criteria for a good response per the MTUS. Fanatrex is not medically necessary based on the lack of any clear indication.

EMG/NCV of bilateral upper extremities: 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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Per CA MTUS, ACOEM guidelines state electrodiagnostic studies are recommended when the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. He complains of pain in arms and wrist-hands but there is no dysfunction noted in the use of the arms. Because the documented symptoms in the arms do not establish a clear picture of radiculopathy, the requested treatment of an EMG-NCV of the upper extremities is not medically necessary.

EMG/NCV of bilateral lower extremities: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per CA MTUS, ACOEM guidelines, 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. He complains of bilateral knee and ankle-foot pain. Sensation is slightly decreased. There is no documentation of bilateral leg dysfunction. Because the symptoms do not establish a clear picture of radiculopathy in the legs, the requested treatment of an EMG-NCV study of the lower extremities is not medically necessary.

Hot/Cold unit purchase: 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 Official Disability Guidelines (ODG) Low Back - Cold/heat packs.

Decision rationale: Per ODG, hot/cold units are recommended as an option for acute pain. An at-home local application of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs should be tried first. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The documentation does not note that the IW had tried application of heat packs at home previously with temporary improvement indicating that the continuous therapy would be beneficial. Additionally, the recommendations are for acute pain and the IW was injured more than 6 months prior to the request, which is outside of the acute time period.

Chiropractic therapy (8-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: Per the CA MTUS. ACOEM guidelines, chiropractic therapy is manipulative therapy on appropriately selected patients that may be effective in aiding recovery, as opposed to providing merely short-term comfort, only in patients with low back pain for defined periods of time (less than 4 weeks' duration). There is some controversy regarding the use of spinal manipulation on patients with radiculopathy. Manipulative therapy works especially well on patients who are open-minded and optimistic, as well as on those who have had previous success with physical modalities. However, caution is warranted because some patients develop treatment dependence. The request for chiropractic care does not specify what body parts the treatment should apply to. He has received chiropractor treatments previously but there is no documentation to the state how effective it was for pain control. The requested treatment of chiropractic therapy is not medically necessary.

TENS unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: Per CA MTUS guidelines, transcutaneous electrotherapy (TENS) represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were

referred to as TENS (transcutaneous electrical nerve stimulation) and are the most commonly used. Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Use of TENS therapy may be appropriate for neuropathic pain and Chronic Regional Pain Syndrome II and some evidence does show some treatment for diabetic neuropathy and post-herpetic neuralgia. Although electrotherapeutic modalities are frequently used in the management of chronic low back pain (CLBP), few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. TENS does not appear to have an impact on perceived disability or long-term pain. There is no documentation of the TENS unit being used in a trial period and how well it worked to relieve his pain. Due to the lack of documentation related to the TENS unit and use in a trial, the requested treatment of TENS unit purchase is not medically necessary.

Acupuncture (8-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per CA MTUS guidelines, Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. There is insufficient documentation if medications aid in pain relief. There is insufficient documentation of functional capabilities and if current treatments are aiding in improved functional capabilities. The requested treatment of acupuncture is not medically necessary.