

<b>Case Number:</b>	CM15-0169226		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	01/07/2015
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: California

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 42 year old male who sustained an injury on 1-7-15 resulting when he was moving furniture he felt the onset of sharp pain on his lower back that was followed by right lower extremity pain. He was prescribed pain medication and had 4 sessions of physical therapy; dispensed a back brace. He was placed on work restrictions and regular duties on 2-6-15. Diagnostic tests include MRI lumbar spine 5-5-15 with a right paracentral disc herniation; X-rays lumbar spine 3-5-15 with discogenic spondylosis at L4-L5 and L5-S1; and Trigger Points Impedance Imaging was completed on 6-30-15. Medications were Naproxen, Ibuprofen; Cyclobenzaprine and Hydrocodone. The examination on 6-4-15 reveals an antalgic gait favoring the right lower extremity; cannot do heel and toe walks; and is unable to squat. Straight leg is positive on right at 45 degrees in the supine and sitting position. Diagnosis is lumbar disc herniation with radiculopathy, overt. The medical records report he has low back pain with progressive lower extremity radiculopathic symptoms including numbness, tingling and subjective weakness. He has failed to improve despite therapy, medications, creams, exercise and stretching; 3 epidural injections (without substantial improvement). He has limitations bending and stooping and the pain is rated 8 out of 10. Acupuncture was requested on 5-12-15 3 x per week for 4 weeks along with Cyclobenzaprine 2%, Flurbiprofen 25%; Cyclobenzaprine 2%, Gabapentin 15%; Amitriptyline 10%. Chiropractic therapy 3 x 4 weeks was also requested on 5-12-15. He was authorized for the transcutaneous electrical nerve stimulation (TENS) and was instructed to use TENS unit daily 3 times per day for 15 minutes. He continues to have lumbar tenderness as noted on the physical therapy notes and currently on 7-16-15 medical records indicates worsening activities of daily living while sitting and bending. There is

tenderness on paraspinal lumbar spine and diminished L4, L5 and S1 sensory. Current requested treatments neuromuscular diagnostic procedure; 6 sessions of localized intensive neurostimulation treatment; baseline functional improvement measurement with functional improvement measures; 12 acupuncture sessions for the lumbar spine; Compound Cream (Cyclobenzaprine 2%, Flurbiprofen 25%) 180 gm; Compound cream ( Gabapentin 15 %, Amitriptyline 4%, Dextromethorphan 10%) 180 gm. The utilization review from 8-11-15 does not approve any of the requested treatments.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neuromuscular Diagnostic Procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Regarding the request for trigger point impedance imaging, California MTUS and ODG do not address the issue.

**Decision rationale:** Regarding this request, a review of the medical records indicates that the neuromuscular diagnostic procedure requested is in fact trigger point impedance image mapping. This is evidenced by the note on date of service 8/6/15. Regarding the request for trigger point impedance imaging, California MTUS and ODG do not address the issue. A search of National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the evaluation/management of the cited injuries. Trigger points are diagnosed clinically based upon palpation per the CPMTG and advanced imaging techniques for trigger point identification is experimental and unsupported by consensus guidelines. Given this, the currently requested trigger point impedance imaging is not medically necessary.

**6 sessions of Localized Intensive Neurostimulation Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 Chapter, Localized high-intensity neurostimulation.

**Decision rationale:** Regarding the request for LINT, California MTUS guidelines do not directly address this request. The ODG Low Back Chapter does address LINT, and states it is a form of hyperstimulation analgesia. With regard to the latter, the following citation is noted: "Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A d fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual

impedance mapping of the back, and these limitations prevent their extensive utilization." Given the paucity of evidence to support this experimental technique, the currently requested LINT is not medically necessary.

**Baseline Functional Improvement Measurement with Functional Improvement Measures:**  
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 Medical Treatment 2009, Section(s): Functional improvement measures.

**Decision rationale:** Regarding the request for a function improvement measure, the CPMTG states the following regarding functional improvement measures: "Recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.) Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. (California, 2007) For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. (Cowan, 2008)" In the case of this injured worker, it is not clear what functional improvement are being requested. A progress note dated 7/16/15 checkmarks a box on function improvement measure, but no further clarification or rationale is provided. There are many functional measures and while these are recommended,

there ought to be an explanation as to why a CPT code is associated with this request and what specific metrics will be utilized. Given this, this request is not medically necessary.

**12 Acupuncture sessions for the Lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional acupuncture is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, there is documentation of prior acupuncture, but objective functional improvement such as reduction in work restrictions is not noted. The patient did have a documented 10% improvement, but this is not sufficient. Given this, the currently requested acupuncture is not medically necessary.

**Compound cream (Cyclobenzaprine 2%, Flurbiprofen 25%) 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** This topical compound consists in part of topical cyclobenzaprine. Regarding the request for topical Flexeril, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Furthermore, the same guidelines specify that if one component of a compounded medication is not recommended, then the entire formulation is not recommended. Given these guidelines, this request is not medically necessary.

**Compound cream (Gabapentin 15%, Amitriptyline 4%, Detromethorphan 10%) 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** With regard to this request for a topical compounded cream that contains gabapentin as a component, the CPMTG does not recommend topical gabapentin. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further states that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the topical gabapentin component is not recommended, and the entire formulation is not medically necessary. Therefore, the request is not medically necessary.