

Case Number:	CM15-0181998		
Date Assigned:	09/23/2015	Date of Injury:	07/25/2014
Decision Date:	11/20/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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:

This is a 40-year-old male worker with a date of injury 7-25-2014. The medical records indicated the injured worker (IW) was treated for cervicothoracic spine strain, rule out C6-7 radiculopathy; lumbar spine sprain with bilateral sciatica, rule out left L5 radiculopathy; and bilateral shoulder sprain and strain, impingement syndrome. In the 7-7-15 and 8-11-15 progress notes, the IW reported cervical spine pain rated 6 to 7 out of 10, radiating to the bilateral arms with intermittent numbness and tingling of the hands; lumbar spine pain rated 6 to 7 out of 10 with occasional radiation to the bilateral lower extremities to the feet with occasional numbness and tingling; and thoracic pain, worse on the left. Medications included Ultram, Motrin, Flurbiprofen cream, Cyclobenzaprine, and Ultram cream. The provider documented the IW was compliant with medications and it was helpful for his pain and spasms. Objective findings on 7-7-15 included mild improvement in function since the last exam demonstrated by increased walking distance and increased sitting tolerance with decreased pain intensity. There was tenderness and spasm in the cervical muscles. The bilateral acromioclavicular joint and superior deltoids were tender as well. Hawkins and Neer's tests were positive at the shoulders bilaterally. Bilateral shoulder range of motion was 170 degrees flexion, 170 degrees abduction and 50 degrees external rotation. Sensation was intact. Lumbar spine range of motion was painful, with 50 degrees flexion, 25 degrees extension and 20 degrees right and left lateral bending. Motor testing in the L2 through S1 myotomes was 5 out of 5. The IW was not working due to the employer's inability to accommodate restrictions. Treatments included physical therapy (18 sessions), chiropractic therapy (18 sessions) and acupuncture (6 sessions), which relieved pain and helped him relax for one or two hours before the pain returned. Electrodiagnostic testing of the lower

extremities on 12-22-14 was consistent with mild right S1 and L4 radiculopathy. The treatment plan was for continued acupuncture and transdermal pain cream. A Request for Authorization dated 7-9-15 was received for six sessions of acupuncture for the cervical, thoracic and lumbar spine, three times a week for two weeks; physical therapy six sessions for the cervical, thoracic and lumbar spine, three times a week for two weeks; MRI of the thoracic spine; Flurbiprofen cream; and Cyclobenzaprine, Ultram cream. The Utilization Review on 8-31-15 non-certified the request for six sessions of acupuncture for the cervical, thoracic and lumbar spine, three times a week for two weeks; physical therapy six sessions for the cervical, thoracic and lumbar spine, three times a week for two weeks; MRI of the thoracic spine; Flurbiprofen cream; and Cyclobenzaprine, Ultram cream because the CA MTUS Chronic Pain Medical Treatment Guidelines, Official Disability Guidelines (ODG) and CA Acupuncture guidelines criteria were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, three times a week, for two weeks, for the cervical, thoracic and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, 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. Medical necessity for any further acupuncture is considered in light of functional improvement. There is evidence that this injured worker has received treatment with acupuncture before, however the records do not indicate any functional benefits. There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Given the MTUS recommendations for use of acupuncture, the requested treatment: Acupuncture, three times a week, for two weeks, for the cervical, thoracic and lumbar spine is not medically necessary.

Physical Therapy, three times a week, for two weeks, for the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The prescription for Physical Therapy is evaluated in light of the MTUS recommendations for Physical Therapy. MTUS recommends: 1) Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can

provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 2) Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The records indicate the injured worker had no functional benefit from prior physical therapy visits. Also there is no mention of any significant change of symptoms or clinical findings, or acute flare up to support PT. The requested treatment: Physical Therapy, three times a week, for two weeks, for the cervical, thoracic and lumbar spine is not medically necessary.

MRI for the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRIs.

Decision rationale: As per MTUS/ACOEM Imaging studies are recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). ODG States that MRIs are recommended for uncomplicated back pain when symptoms of radiculopathy persist for at least one month after conservative therapy. Review of submitted medical records of injured worker is not clear about any subjective or objective findings that identify specific nerve compromise. Also in the documentation available, for review there is no information about what will be the medical decision-making based upon the outcome of the request. Without such evidence and based on guidelines cited, the request for MRI of thoracic spine is not medically necessary and appropriate.

Flurbiprofen Cream: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Flurbiprofen is used as a topical NSAID. It has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Records do not indicate that injured worker is not able to use oral medications. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. Dose, frequency and quantity has not been specified. In this injured worker, the request is not medically necessary.

Cyclo/Ultram Cream: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. There is no evidence for use of any other muscle relaxant (Cyclobenzaprine) as a topical product. There is no information on the use of Tramadol in a topical cream. Based on the currently available medical information for review, the request is not medically necessary.