

Case Number:	CM15-0191902		
Date Assigned:	10/05/2015	Date of Injury:	05/29/2015
Decision Date:	11/18/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/29/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old male sustained an industrial injury on 5-29-15. Documentation indicated that the injured worker was receiving treatment for left wrist sprain and strain, lumbar spine sprain and strain with left lower extremity radiculopathy, depression, stress, anxiety and sleep disturbance. Treatment has included chiropractic therapy and medications. Nerve conduction velocity (NCV) study of the lower extremities on 8-3-2015 was consistent with a bilateral L4 sensory radiculopathy. In a PR-2 dated 8-17-15, the injured worker complained of left wrist pain with radiation to the medial fingers associated with numbness, tingling, weakness and dropping things and low back pain with radiation to the left lower extremities down to the toes, associated with weakness. The injured worker rated his pain 4 out of 10 on the visual analog scale. The injured worker had just started chiropractic therapy and stated that it was mildly helpful. Medications also noted to be helpful. Objective findings were not documented. The treatment plan included an internal medicine consultation to look for a medical cause for anxiety symptoms, a psychiatric consultation to address depression, anxiety and sleep disturbances, medications (Naproxen Sodium and Flurbiprofen/Menthol/Capsaicin/Camphor) and electromyography and nerve conduction velocity test of bilateral upper and lower extremities. On 8-26-15, Utilization Review noncertified a request for an internal medicine consultation and Flurbiprofen/Menthol/Capsaicin/Camphor, with 1 refill (no quantity or quantity provided) and modified a request for electromyography and nerve conduction velocity test of bilateral lower extremities to electromyography bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Special Studies.

Decision rationale: Electromyography (EMG) and Nerve Conduction Velocity (NCV) are diagnostic tests used to measure nerve and muscle function, and may be indicated when there is pain in the limbs, weakness from spinal nerve compression, or concern about some other neurologic injury or disorder. Criteria for their use are very specific. The EMG-NCV tests will identify physiologic and structural abnormalities that are causing nerve dysfunction. Although the literature does not support its routine use to evaluate for nerve entrapment or low back symptoms, it can identify subtle focal neurologic dysfunction in patients whose physical findings are equivocal and prolonged (over 4 weeks). When spinal cord etiologies are being considered, sensory-evoked potentials (SEPs) would better help identify the cause. While the ACOEM guidelines support use of electrodiagnostic testing for subtle signs of radicular injury it recommends against using these tests for patients with clinically obvious radiculopathies. This patient has subtle signs and symptoms suggesting a lower extremity radiculopathy. In fact, recent NCV testing was consistent with a bilateral L4 sensory radiculopathy. There would be little value to obtaining additional electrodiagnostic studies at this time. Medical necessity for EMG/NCV testing of the lower extremities at this point in the patient's care has not been established. The request is not medically necessary.

IM consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Office Visits.

Decision rationale: Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. The provider in this case has requested referral to an internal medicine specialist for evaluation of possible medical causes for the patient's anxiety. A psychiatric evaluation has also been requested but has not yet been completed. The records suggest the anxiety symptoms appear to be connected with depression symptoms. It is premature to refer for internal medicine evaluation before completion of the psychiatric evaluation unless other specific symptomatology suggest a non-psychiatric etiology for the symptoms, which is not the case. Referral to an internal medicine specialist at this point

in the patient's care does not appear to be appropriate. Medical necessity has not been established. The request is not medically necessary.

Flurbiprofen/Menthol/Capsaicin/Camphor, with 1 refill (no quantity or quantity provided): Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Topical Analgesics.

Decision rationale: Flurbiprofen-Menthol-Camphor-Capsaicin Topical Cream is a combination product formulated for use as a topical analgesic. Topical analgesic medications have been shown to give local analgesia. The use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is primarily recommended for osteoarthritis or neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is classified as non-steroidal anti-inflammatory drug (NSAID) and studies have shown NSAIDs have been effective when given topically in short-term use trials for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. The MTUS does not recommend for or against its use for chronic pain. Camphor is a topical medication with local anesthetic and antimicrobial properties. The MTUS does not recommend for or against its use for chronic pain. Capsaicin is a capsaicinoid compound with analgesic properties usually formulated as 0.025% for osteoarthritis or 0.075% for neuropathic pain. It is used medically in the form of a topical ointment, spray or patch and is indicated for the temporary relief of minor aches and pains of muscles and joints. It has also been used to treat the itching and inflammation caused by psoriasis. When compared to a placebo, its use has been superior in relieving chronic neuropathic pain and musculoskeletal pain. The MTUS recommends its use as option for treating pain in patients intolerant to other treatments. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This patient is already taking an oral NSAID. The addition of a second NSAID, either orally or topically, is not indicated. Medical necessity has not been established. The request is not medically necessary.