

Case Number:	CM15-0039703		
Date Assigned:	04/21/2015	Date of Injury:	08/07/2014
Decision Date:	07/21/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 29 year old male, who sustained an industrial injury on 08/07/2014. He has reported subsequent back pain and was diagnosed with lumbar myospasm, lumbar radiculopathy and lumbar sprain/strain. Treatment to date has included oral and topical pain medication, bracing, application of heat and ice and chiropractic therapy. In a progress note dated 01/02/2015, the injured worker complained of back pain and tingling in the legs. Objective findings were notable for reduced range of motion of the lumbar spine, tenderness to palpation of the lumbar paravertebral muscles with muscle spasm and positive Nachla's and Milgram's sign bilaterally. A request for authorization of Capsaicin / Flurbiprofen / Gabapentin / Menthol / Camphor, Gabapentin / Amitriptyline / Dextromethorphan, TENS unit, DNA testing, return to work / functional capacity evaluation testing for the lumbar spine, urine analysis, VSNCT diagnostic testing for the lumbar spine, unknown prescription of Prilosec and ESWT for lumbar spine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of 180gm Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application and MTUS does not recommend Gabapentin as a topical agent. There is no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for 1 prescription of 180gm Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% is not medically necessary by MTUS.

1 prescription of 180gm Gabapentin 15%, Amitriptyline 4%, Dextromethorphan: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. MTUS does not recommend Gabapentin, as a topical agent. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for 1 prescription of 180gm Gabapentin 15%, Amitriptyline 4%, Dextromethorphan is not medically necessary by MTUS.

TENS/Ems Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. There should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should also be submitted. When prescribed, a 2-lead unit is generally recommended. Per guidelines, if a 4-lead TENS unit is recommended, there must be additional documentation as to the reason why. The injured worker complains of chronic radicular low back pain. Documentation provided does not demonstrate that a specific functional program is being prescribed in conjunction with the TENS unit trial. The request for TENS/Ems Unit is not medically necessary by MTUS.

DNA Testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cytokine DNA testing.

Decision rationale: ODG does not recommend DNA testing for the diagnosis of pain, including chronic pain. The injured worker complains of chronic radicular low back pain. Per guidelines, the request for DNA Testing for this condition is not medically necessary.

Return to work/Functional Capacity Evaluation Testing for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Programs.

Decision rationale: Per guidelines, Functional Restorative Programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. They are recommended for patients with conditions that have resulted in delayed recovery. Chart documentation indicates that the injured worker is undergoing active treatment for ongoing radicular low back pain. Not having reached maximum medical therapy at the time of the request under review, guidelines have not been met. The request for Return to work/Functional Capacity Evaluation Testing for the lumbar spine is not medically necessary per guidelines.

1 urine analysis for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. Documentation does not show that the injured worker was prescribed opioid drugs at the time of the requested urinalysis. Furthermore, there is no evidence to support that the injured worker is at high risk of addiction or aberrant behavior. The medical necessity for urine drug testing has not been established. With guidelines not being met, the request for 1 urine analysis for the lumbar spine is not medically necessary.

VSNCT diagnostic testing for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Voltage actuated sensory nerve conduction (testing).

Decision rationale: Voltage actuated sensory nerve conduction testing (VSCNT) is used to detect neurologic disease. These tests provide a psycho-physical assessment of both central and peripheral nerve functions by measuring the detection threshold of accurately calibrated sensory stimuli, and are intended to evaluate and quantify function in both large and small caliber fibers. Per guidelines, there are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. ODG does not recommend Voltage actuated sensory nerve conduction testing (VSCNT) to diagnose sensory neuropathies or radiculopathies. The injured worker complains of radicular low back pain. The request for VSNCT diagnostic testing for the lumbar spine is not medically necessary per guidelines.

Unknown prescription of Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Unknown prescription of Prilosec 20mg is not medically necessary per MTUS guidelines.

ESWT for lumbar spine: 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 Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: Per guidelines, Extracorporeal Shockwave Treatment (ESWT) is approved for the treatment of Rotator cuff tendonitis associated with calcific deposits in the tendon (calcific tendonitis). It is recommended for use in patients whose pain has remained despite six months of standard treatment and at least three conservative treatments, including rest, Ice, NSAIDs, Orthotics, Physical Therapy and Cortisone injections. The injured worker complains of radicular low back pain. Documentation fails to demonstrate a diagnosis that fits the criteria for the recommendation of Extracorporeal shock wave therapy (ESWT). The request for ESWT for lumbar spine is not medically necessary.