

Case Number:	CM15-0041808		
Date Assigned:	03/12/2015	Date of Injury:	11/15/2013
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/05/2015

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: Texas, New York, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, chronic shoulder pain, chronic elbow pain, and chronic wrist pain reportedly associated with cumulative trauma at work between the dates January 1, 2013 through January 9, 2014. In a Utilization Review report dated February 26, 2015, the claims administrator failed to approve requests for Xanax, cyclobenzaprine, Ultracet, several topical compounded medications, a hot and cold unit, and electrodiagnostic testing of the lower extremities. A February 17, 2015 RFA form and an associated progress note were referenced in the determination. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant reported multifocal complaints of neck pain, shoulder pain, elbow pain, wrist pain, hand pain, and knee pain, highly variable, 1-8/10. Ancillary complaints of sleep disturbance were reported. Multiple medications were prescribed, dispensed, and/or renewed, including Naprosyn, Prilosec, Ultracet, Flexeril, and several topical compounded medications. Electrodiagnostic testing was proposed while the applicant was placed off of work, on total temporary disability. In an earlier progress note dated January 8, 2014, Prilosec, tramadol, and Ambien were renewed, without any seeming discussion of medication efficacy. In a handwritten January 20, 2015 progress note, the applicant was again placed off of work, on total temporary disability, while several oral and topical compounded medications were seemingly renewed. The note was extremely difficult to follow. Little-to-no discussion of medication efficacy transpired, although the attending provider did seemingly state that the applicant's pain complaints were reduced from 8/10 without medications to 5/10 with medications in one section of the note. The applicant was nevertheless kept off of work at the bottom of the report. Ongoing symptoms of depression and anxiety were present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #60: 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, Alprazolam.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for alprazolam (Xanax), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the request in question did, in fact, represent a renewal request for Xanax. The applicant had been using Xanax for several months, for anxiolytic and/or sedative effect. Such usage, however, was incompatible with the short-term role for which muscle relaxants are espoused, per ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was in fact using a variety of other agents, including Ultracet, Naprosyn, several topical compounded agents, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Tramadol/Acetaminophen 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol-acetaminophen (Ultracet), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for

continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of progress notes of December 2014 and January 2015, referenced above. While the attending provider recounted some reported reduction in pain scores from 8/10 without medications to 5/10 with medications on January 20, 2015, said reported reduction in pain scores, was, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing Ultracet usage (if any). Therefore, the request was not medically necessary.

Cyclobenzaprine 2% Gabapentin 10% Amitriptyline 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compounded Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Similarly, the cyclobenzaprine-gabapentin-amitriptyline topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the primary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compounded Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Similarly, the capsaicin-flurbiprofen-gabapentin-menthol-camphor topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Hot/Cold unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ACOEM V.3

Decision rationale: Similarly, the request for a hot and cold unit was likewise not medically necessary, medically appropriate, or indicated here. One of the applicant's primary pain generators here was the neck. While the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 does recommend at-home local applications of heat and cold as methods of symptom control for neck and upper back complaints, as were present here, by analogy, ACOEM does not support high-tech devices for administering hot and/or cold therapy. The Third Edition ACOEM Guidelines Cervical and Thoracic Spine Chapter takes a stronger position against usage of high-tech devices for delivering cryotherapy, explicitly noting that such devices are "not recommended." Here, the attending provider failed to furnish any compelling applicant specific rationale which would offset the unfavorable ACOEM positions on the article in question. It was not clearly stated why low-tech, at-home applications of heat and cold would not suffice here. Therefore, the request was not medically necessary.

EMG/NCV lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309; 477.

Decision rationale: Finally, the request for electrodiagnostic testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommend EMG testing to clarify a suspected diagnosis of nerve root dysfunction, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The multiplicity of multifocal nature of the applicant's complaints, coupled with the applicant's allegations of knee, neck, hand, wrist, shoulder, low back, etc., pain secondary to cumulative trauma at work was not seemingly suggestive of a lumbar nerve root dysfunction, arguing against the need for the EMG component of the request. Similarly, the nerve conduction testing component of the request was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377, the routine usage of electrical studies is "not recommended" in absence of some clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, however, there was no mention of the applicant's having any issues with a suspected tarsal tunnel syndrome, entrapment neuropathy, peroneal neuropathy, generalized compression neuropathy, diabetic neuropathy, etc. There was no mention of the applicant's carrying systemic diagnoses or disease processes such as diabetes, hypothyroidism, alcoholism, etc., which would heighten the applicant's predisposition toward development of a generalized peripheral neuropathy. Since both the EMG and NCV components of the request are not recommended, the request was not medically necessary.