MAXIMUS Federal Services

| Case Number: | CM15-0070103 | | |
|---|---|---|---|
| Date Assigned: | 04/27/2015 | Date of Injury: | 08/07/2014 |
| Decision Date: | 09/25/2015 | UR Denial Date: | 03/13/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

## 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: 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 injured worker is a 29 year old male, who sustained an industrial injury on 8/7/14. He reported initial complaints of lower back pain. The injured worker was diagnosed as having cervical disc displacement, cervical disc protrusion, cervical dysfunction, cervical muscle spasm, cervical pain, cervical strain/sprain; cervical stenosis, lower extremity neuritis, lumbar disc displacement; lumbar disc protrusion, lumbar dysfunction; lumbar pain; lumbar radiculopathy, lumbar sprain/strain; lumbar stenosis, sleep disturbance, insomnia.. Treatment to date has included chiropractic therapy; physical therapy; urine drug testing; medications. Diagnostic studies include x-rays cervical, thoracic and lumbar spine (11/1/14); x-ray lumbar spine (3/3/15). Currently, the PR-2 notes dated 2/25/15 indicated the injured worker complains of intermittent to frequent moderate stabbing, throbbing neck pain, stiffness and heaviness with numbness and tingling. The injured worker also reports intermittent to frequent moderate 7/10 sharp, stabbing low back pain with stiffness and heaviness. He reports depression, anxiety, irritability, and insomnia. Objective findings at this visit note the ranges of motion for the cervical spine are decreased and painful with tenderness to palpation of the cervical paravertebral muscles with muscle spasm. Lumbar spine ranges of motion are decreased and painful with tenderness to palpation of the lumbar paravertebral muscles with spam. The Nachlas and Milgram's are positive bilaterally. The provider's treatment plan includes the requested: One prescription 180gm Cyclobenzaprine 2%, Flurbiprofen 25%, One prescription for 180gm Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, One DME lumbar brace, One referral to orthopedic surgeon for consultation, One DME- TENS/EMS unit, One NCV/EMG diagnostic testing, One

referral to pain management for consultation, One X-ray for cervical and lumbar spine, One urine analysis, One DME cold/heat therapy unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription 180gm Cyclobenzaprine 2%, Flurbiprofen 25%:** Upheld

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

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Flurbiprofen topical is not supported by the MTUS. One prescription 180gm Cyclobenzaprine 2%, Flurbiprofen 25% is not medically necessary.

**One prescription for 180gm Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%:** Upheld

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

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

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. One prescription for 180gm Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% is not medically necessary.

**One DME lumbar brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. A DME lumbar brace is not medically necessary.

**One referral to orthopedic surgeon for consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, Page 132.

**Decision rationale:** According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. One referral to orthopedic surgeon for consultation is not medically necessary.

**One DME- TENS/EMS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 68.

**Decision rationale:** The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no evidence that other appropriate pain modalities have been tried (including medication) and failed. There is no documentation that a trial period with a rented TENS unit has been completed. Purchase of a TENS unit is not medically necessary. One DME- TENS/EMS unit is not medically necessary.

**One NCV/EMG diagnostic testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

**Decision rationale:** According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. One NCV/EMG diagnostic testing is not medically necessary.

**One referral to pain management for consultation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** According to the MTUS, a consultation is ordered to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consult it is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This patient was already certified for a consultation with a pain management physician. There was no documentation of functional improvement as a result of the previous consultation. One referral to pain management for consultation is not medically necessary.

**One X-ray for cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** According to the MTUS, special studies such as an x-ray are not needed unless a red-flag condition is present. Cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. Radiographs of the lumbar spine are indicated when red flags are present indicating fracture, cancer, or infection. There is no documentation of any of the above criteria. One X-ray for cervical and lumbar spine is not medically necessary.

**One urine analysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43.

**Decision rationale:** The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. One urine analysis is not medically necessary.

**One DME cold/heat therapy unit:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Continuous-flow cryotherapy Neck and Upper Back (Acute & Chronic).

**Decision rationale:** The Official Disability Guidelines recommend continuous-flow cryotherapy as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. However, the effect on more frequently treated acute injuries (eg, muscle strains and contusions) has not been fully evaluated. The available scientific literature is insufficient to document that the use of continuous-flow cooling systems (versus ice packs) is associated with a benefit beyond convenience and patient compliance. One DME cold/heat therapy unit is not medically necessary.

**One single positional MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The MTUS states that 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. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. One single positional MRI of lumbar spine is not medically necessary.