

Case Number:	CM15-0078996		
Date Assigned:	04/30/2015	Date of Injury:	02/02/2015
Decision Date:	09/10/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old female, who sustained an industrial injury on 2/2/2015. She reported cumulative injury. The injured worker was diagnosed as having cervical musculoligamentous sprain/strain, lumbosacral musculoligamentous sprain/strain, rule out lumbosacral spine discogenic disease and bilateral ankle sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included medication management. In a progress note dated 2/6/2015, the injured worker complains of neck pain radiating to the left shoulder and arm, low back pain radiating to the left lower extremity, bilateral ankle pain, bilateral eye problems and headaches. The treating physician is requesting electromyography (EMG)/nerve conduction study (NCS) of the bilateral upper extremities, cervical and lumbar x ray, nerve conduction study (NCS)/electromyography (EMG) of the bilateral lower extremities, urine drug screen, functional capacity evaluation, 12 physical therapy visits, interferential unit, hot/cold unit, Tramadol, topical compound Flurbiprofen 10%/Lidocaine 5%/Amitriptyline 5% 180 grams and topical compound Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

NVC/EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.1, 9792.24.2 Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NCV/EMG studies can be utilized for the evaluation of cervical radiculopathy when subjective, objective and radiological findings are inconclusive. The records did not show objective or radiological findings that are suggestive of radiculopathy. There is no documentation of discogenic changes or the presence of a red flag condition indicative of neurological deficits. The criteria for NCV/EMG studies of the upper extremities was not met and is not medically necessary.

X-ray of the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 178, 182 and 303, respectively.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-188, 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of chronic neck and low back pain when the physical findings are inclusive, the condition is deteriorating or in the presence of red flag conditions. The records did not show that the chronic pain syndrome was deteriorating. There is no documentation of the development of a red flag condition. The criteria for the X-ray examination of the cervical and lumbar spine was not met and is not medically necessary.

NCV/EMG of the L/E: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23.5, 9792.24.2 Page(s): 6, 303-304.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NCV/EMG studies can be utilized for the evaluation of lumbar radiculopathy when subjective, objective and radiological findings are inconclusive. The records did not show objective or radiological findings that are suggestive of radiculopathy. There is no documentation of discogenic changes

or the presence of a red flag condition indicative of neurological deficits. The criteria for NCV/EMG studies of the lower extremities was not met and is not medically necessary.

One urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Urine Drugs Screens (UDS) can be utilized for the monitoring of opioid compliance during chronic opioid treatment. It was recommended that the UDS can be commenced at initiation of opioids treatment and continued up to 3 times a year with the frequency increased for red flag behaviors. The records did not show the presence of aberrant drug behavior or any red flag incidence. The patient was compliant with the utilization of Tramadol medications. The criteria for one Urine Toxicology was not met and is not medically necessary.

One functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Functional Capacity Evaluation can be utilized for the determination of an injured worker's return to work status after resolution or stabilization of the symptoms. The records indicate that the patient is still receiving active symptoms of the injury related conditions. There is no documentation of significant resolution of the musculoskeletal symptoms. The criteria for One Functional Capacity Evaluation was not met and is not medically necessary.

Twelve physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of musculoskeletal pain. The utilization of PT can result in pain relief, reduction of medications utilization and functional restoration. The records indicate that the patient had previously completed chiropractic and PT treatments. The guidelines recommend that patients proceed to a Home Exercise Program (HEP) after completion of supervised PT program. There is no documentation of exacerbation of the musculoskeletal conditions or re-injury. The criteria for physical therapy (PT) X 12 Visits were not met and is not medically necessary.

One interferential unit: 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): 171, Chronic Pain Treatment Guidelines 9792.23.2 Page(s): 118. Decision based on Non-MTUS Citation Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend that the use of interferential units therapy beyond the acute injury period. The records did not show that the patient is experiencing exacerbation of the musculoskeletal condition or that repeat injury had occurred. The criteria for the use of One Interferential Unit were not met and not medically necessary.

One hot and cold unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 116-119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back Low Back.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend that the use of Hot / Cold therapy beyond the acute injury period. The records did not show that the patient is experiencing exacerbation of the musculoskeletal condition or that repeat injury had occurred. The criteria for the use of One Hot and Cold unit were not met and not medically necessary.

Tramadol 50 mg, sixty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT. The records did not show the presence of aberrant drug behavior or any red flag incidence. The patient was compliant with the utilization of Tramadol medications. There is documentation of functional restoration. The criteria for Tramadol 50mg sixty count was met and is medically necessary.

Topical compound Flurbiprofen 10%/Lidocaine 5%/Amitriptyline 5% 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when standard oral anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There was no documentation of failure of the orally administered first line medications. The guidelines recommend that topical products be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of topical formulations of Amitriptyline for the treatment of chronic musculoskeletal pain. The criteria for the use of Topical compound Flurbiprofen 10%/lidocaine 5%/Amitriptyline 5% 180gm. was not met and is not medically necessary.

Topical compound Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10% 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when standard anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. The guidelines recommend that topical products be utilized individually for evaluation of efficacy. There is lack of guidelines support for the utilization of topical gabapentin, cyclobenzaprine, tramadol,

Amitriptyline for the treatment of chronic musculoskeletal pain. The criteria for the use of Topical compound gabapentin 10%/cyclobenzaprine 6 %/tramadol 10% 180grams was not met and is not medically necessary.