

Case Number:	CM15-0088517		
Date Assigned:	07/16/2015	Date of Injury:	12/23/2013
Decision Date:	09/23/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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 58-year-old who has filed a claim for chronic neck pain, mid back pain, and headaches reportedly associated with an industrial injury of December 23, 2013. In a Utilization Review report dated April 28, 2015, the claims administrator failed to approve requests for Terocin patches, a capsaicin compound, urine drug testing, electrodiagnostic testing of bilateral upper extremities, six sessions of extracorporeal shock wave therapy, and a Functional Capacity Evaluation. The claims administrator referenced a March 9, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant was placed off of work, on total temporary disability. Multifocal complaints of neck, hip, back, and shoulder pain were reported. The applicant had derivative complaints of anxiety and mood disturbance also evident, it was reported. Electrodiagnostic testing of bilateral upper extremities, extracorporeal shock wave therapy for the bilateral shoulders, 18 sessions of acupuncture, and a Functional Capacity Evaluation were endorsed while the claimant was kept off of work. A variety of dietary supplements and topical compounds were prescribed. The request for acupuncture was framed as a renewal or extension request for the same. The applicant was asked to undergo drug testing. The applicant was given diagnosis of shoulder arthrosis, shoulder sprain, rotator cuff tear, and SLAP tear. On March 9, 2015, the applicant was again placed off of work, on total temporary disability. Multifocal neck, shoulder, and low back pain complaints with derivative complaints of depression, anxiety, and headaches were reported. The applicant was asked to undergo electrodiagnostic testing of the bilateral upper extremities, extracorporeal shock wave therapy for the shoulders, cervical spine, and lumbar

spine, 18 sessions of acupuncture, and a Functional Capacity Evaluation. Various dietary supplements and topical compounds were prescribed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - NEW TEROCIN- methyl salicylate, capsaicin and ...dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=5dbd5fc0-a27e... FDA Guidance's & Info; NLM SPL Resources. Download Data · All Drug Labels ... Methyl Salicylate 25% Capsaicin 0.025% Menthol 10%.

Decision rationale: No, the request for topical Terocin was not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, and menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, the secondary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of the applicant's intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals prior to introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin patches at issue. Therefore, the request is not medically necessary.

Unknown prescription of Topical compound Capsaicin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Functional Restoration Approach to Chronic Pain Management Page(s): 28; 7.

Decision rationale: Similarly, the request for a separate topical compounded capsaicin containing agent is likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is recommended only as an option in applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of the applicants having proven intolerant to multiple classes of first-line oral pharmaceuticals so as to justify ongoing usage of the capsaicin-containing compound in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not state why the applicant was

given two separate capsaicin-containing agents, namely this particular agent and the Terocin patches also the subject of dispute. Therefore, the request is not medically necessary.

Request for 1 UA: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The request for a urinalysis was likewise not medically necessary, medically appropriate, or indicated here. The attending provider's documentation of March 9, 2015 seemingly suggested that this request in fact represented request for urine drug testing. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that urine drug testing is recommended as an option to assess for the presence or absence of illicit drugs in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intended to test for, and attempt to categorize applicants into higher-or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not clearly stated when the applicant was last tested. The applicant's complete medication list was not attached to the March 9, 2015 progress note. There was no mention of the applicant's being a higher-or lower-risk individual for whom more or less frequent drug testing would have been indicated. The attending provider neither signaled his intent to conform to the best practices of the United States Department of Transportation (DOT) when performing testing nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request is not medically necessary.

Request for EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182; 272.

Decision rationale: Similarly, the request for electrodiagnostic testing of the bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, EMG testing is deemed "not recommended" for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. Here, however, the attending provider's March

9, 2015 progress note did not clearly state what diagnostic studies had been performed through the date of the request. The results of prior cervical MRI imaging (if any) were not clearly detailed, discussed, or characterized. If positive, earlier cervical MRI imaging would have obviated the need for the electrodiagnostic testing in question. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of NCV or EMG testing in the diagnostic evaluation of nerve entrapment is deemed "not recommended". Here, the attending provider did not clearly state how the proposed electrodiagnostic testing would influence or alter the treatment plan. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction in cases of suspected disk herniation preoperatively before planned epidural steroid injection therapy, here, however, there was no mention of the claimant's considering or contemplating either cervical spine surgery or a cervical epidural steroid injection based on the outcome of the study in question, strongly suggested that the testing in question was in fact ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request is not medically necessary.

6 Shockwave therapy for cervical 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 Ultrasound, therapeutic Page(s): 123. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Knee Disorders, 3rd ed., pg. 940 For most body parts, there is evidence that ESWT is ineffective (see Elbow Disorders, Shoulder Disorders, and Ankle and Foot Disorders chapters).

Decision rationale: Similarly, the request for six sessions of extracorporeal shock wave therapy for the cervical spine is likewise not medically necessary, medically appropriate, or indicated here. Extracorporeal shock wave therapy is a subset of therapeutic ultrasound, which per page 123 of the MTUS Chronic Pain Medical Treatment Guidelines is not recommended in the chronic pain context present here. The Third Edition ACOEM Guidelines also note that, for most body parts, there is evidence that extracorporeal shock wave therapy is ineffective. The attending provider failed, in short, to furnish a clear or compelling rationale for selection of extracorporeal shock wave therapy in the face of the unfavorable MTUS and ACOEM positions on the article at issue. Therefore, the request is not medically necessary.

1 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, Fitness for Duty: Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: Finally, the request for a Functional Capacity Evaluation is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a Functional Capacity Evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant was off of work, on total temporary disability, as of the date of the request, March 9, 2015. It was not clearly stated why functional capacity testing was sought in the face of the applicant's seeming failure to return to work. It did not appear that the applicant had a job to return to. It was not clearly stated, in short, why a functional capacity testing was sought in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a functional capacity testing can be employed as a precursor to enrollment in a work hardening program, here, however, there was no mention of the applicant's considering or contemplating enrollment in a work hardening program on or around the date of the request, March 9, 2015. Therefore, the request is not medically necessary.