

Case Number:	CM14-0121358		
Date Assigned:	09/25/2014	Date of Injury:	01/15/2011
Decision Date:	10/31/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant has a history of a cumulative trauma work injury while working as an airport automotive center mechanic with date of injury of 01/01/93 with pain, numbness, and tingling of the hands and upper extremities. He was seen on 09/17/13 with bilateral wrist pain, and numbness and tingling of the hands. Physical examination findings included positive Tinel and Phalen tests with decreased sensation of all fingers and positive Tinel at the elbow bilaterally. EMG/NCS testing was requested. EMG/NCS testing on 11/19/13 showed findings of moderate bilateral median sensory neuropathy at the wrist. On 12/11/13 authorization for chiropractic treatment, acupuncture, topical compounded cream, and pain management and orthopedic referrals were requested. On 01/15/14 he was having constant bilateral wrist and hand pain and radiating left low back pain into the left lower extremity rated at 6/10. Physical examination findings included decreased cervical and lumbar spine range of motion with muscle tenderness. There was tenderness over the left sacroiliac joint. He had positive Lasgue, Fly and Yeoman tests. There was bilateral wrist tenderness. Authorization for chiropractic treatments three times per week for four weeks was requested. Topical compounded creams were prescribed. An MRI of the cervical spine on 02/13/14 showed findings of multilevel disc protrusions with foraminal narrowing. He was seen on 02/14/14. He was having bilateral wrist and hand pain and low back pain. Physical examination findings included lumbar paraspinal muscle and quadratus lumborum tenderness with positive straight leg raising. There was decreased spinal range of motion. He had tenderness over the wrists with positive Tinel and Phalen tests. There was a normal neurological examination. Naprosyn, Tramadol ER, Pantoprazole, and Cyclobenzaprine were prescribed. On 04/10/14 he was having right elbow pain. He had cervical spine tenderness with painful range of motion. He had ongoing wrist tenderness with bilateral decreased upper extremity sensation and

positive Phalen testing. He had decreased and painful lumbar spine range of motion with left greater than right paraspinal muscle spasms. There was right lateral epicondylar tenderness. Topical creams were prescribed. Chiropractic treatments three times per week for four weeks were requested. On 06/07/14 wrist pain was rated at 5/10. He was referred for an orthopedic evaluation. An MRI of the right wrist on 06/18/14 showed a small amount of fluid between the distal radius and navicular bone. The claimant was seen for a preoperative evaluation on 07/01/14. Right carpal tunnel release surgery was planned for July 8, 2014. EMG/NCS testing on 07/22/14 showed findings of mild bilateral carpal tunnel syndrome. The claimant was seen on 08/04/14. He had sustained a laceration to the left hand in July. He was diagnosed with a complex laceration with a possible common digital nerve injury. Surgery was planned. On 08/12/14 he underwent a left carpal tunnel release with exploration and debridement of the laceration. On 09/04/14 he was having bilateral upper extremity throbbing and numbness. He was having radiating back pain into the left lower extremity. Therapy, medications including creams, use of an interferential unit, and cold were helping. Physical examination findings included bilateral wrist tenderness with positive Phalen test. There was cervical and lumbar spine tenderness with decreased range of motion and spasms. Urine drug screening was requested. Topical creams were prescribed. He was continued at modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 X-ray of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Radiography (X-rays)

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

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic wrist, hand, neck, and low back pain. Applicable criteria for obtaining a cervical spine X-ray are chronic pain if this were to be the first study or in the setting of acute trauma. In this case, there is no identified acute injury and the claimant has had prior cervical spine X-rays.

1 X-ray of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 Low Back Complaints (2007) page 308 Official Disability Guidelines (ODG), Low Back Chapter, Radiography X-rays)

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), Radiography (X-rays)

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic wrist, hand, neck, and low back pain. Applicable criteria for obtaining a lumbar spine X-ray are trauma or if there are 'red flags' such as suspicion of cancer or infection. In this case, there is no identified acute injury or 'red flag' and therefore the lumbar spine X-ray is not medically necessary.

1 MRI of the Lumbar Spine: 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- Lumbar, &Thoracic(Acute & Chronic) , MRIs (Magnetic Resonance Imaging)

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), MRIs (magnetic resonance imaging): Indications for imaging

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic wrist, hand, neck, and low back pain. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore was not medically necessary.

1 MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) , MRIs (Magnetic resonance imaging)

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

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic wrist, hand, neck, and low back pain. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no

identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore was not medically necessary.

1 Prescription of Sentra PM #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 (ODG), Pain (Chronic), Medical Food, Sentra PM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Sentra PM, Mental Illness & Stress, Insomnia, Mental Illness & Stress, Insomnia treatment

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic wrist, hand, neck, and low back pain. He recently underwent left carpal tunnel surgery including exploration of a laceration. Sentra PM is a medical food intended for use in management of sleep disorders associated with depression. It is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, based on the information provided, Sentra PM is not medically necessary.

1 Prescription of Theramine #90: 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), Pain (Chronic), Medical Food, Theramine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Theramine

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic wrist, hand, and low back pain. He recently underwent left carpal tunnel surgery including exploration of a laceration. Theramine is a medical food from that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. Guidelines recommend against its use.

1 Prescription of Cyclobenzaprine/Lidocaine 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics, Page(s): 60 and 111-113.

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic wrist, hand, and low back pain. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time.

1 Prescription of Flurbiprofen/Capsaicin/Camphor 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, (2) Topical Analgesics, Page(s): 6 and 111-113.

Decision rationale: The claimant is more than 20 years status post work-related injury and continues to be treated for chronic wrist, hand, and low back pain. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time.