

Case Number:	CM14-0163824		
Date Assigned:	10/08/2014	Date of Injury:	03/20/2014
Decision Date:	11/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/06/2014

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, and is licensed to practice in California. 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:

This is a 40-year-old female patient who sustained an industrial injury on 03/20/14. The mechanism of injury occurred when she was walking down a flight of stairs, slipped and fell backwards, striking her right side and back against the stairs while twisting her left ankle in the process. She also reported she wrenched her right wrist and neck and now her entire left side hurt. Previous treatment has included physical therapy, chiropractic treatment, acupuncture, oral and topical medications, steroid injections, Toradol injections, ankle support, Cam boot, work restrictions and activity modification. MRI of the left ankle dated 04/25/14 revealed anteroinferior tibiofibular and anterior talofibular ligament moderate grade sprains; deltoid ligamentous complex moderate grade sprains involving the superficial tibial calcaneal and deep anterior tibiotalar portions; mild marrow edema compatible with bone contusions involving the anteromedial aspect of the distal tibia, the lateral and medial malleoli, and lateral aspects of the talus; small tibiotalar/posterior subtalar joint effusion. MRI of the right shoulder dated 05/21/14 revealed minimal subscapularis bursitis and osteoarthropathy of the acromioclavicular joint. MRI of the cervical spine with flexion-extension dated 05/21/14 revealed early disc desiccation noted at C2-3 through C5-6 levels; C5-6 diffuse disc protrusion with left preponderance effacing the thecal sac. C6 exiting nerve roots are unremarkable. MRI of the lumbar spine dated 05/21/14 revealed disc desiccation at L5-S1; Mobic type I endplate degenerative changes at L5-S1; Schmorl's node at L5-S1; grade 1 retrolisthesis of L5 over S1; L5-S1 focal central disc protrusion effacing the thecal sac. Disc material and facet hypertrophy causing bilateral neural foraminal narrowing that he faces the left and right L5 exiting nerve roots. Spinal canal and neural foramina are patent at all lumbar spine levels. Most recent progress note dated 09/03/14 revealed the patient presenting with complaints of cervical spine pain causing dizziness and loss of balance, left hip pain, right wrist and hand pain with radiation up her forearm, and left ankle

and foot pain, increased with walking for more than 2 hours. Objective findings revealed +3 spasm and tenderness to the bilateral paraspinal muscles from C2-C7, bilateral suboccipital muscles and bilateral upper shoulder muscles. Axial compression test was positive bilaterally for neurological compromise. Shoulder depression test was positive on the right. Right triceps reflex was decreased. Wrist and hand examination revealed +3 spasm and tenderness to the right anterior wrist and right posterior extensor tendons. Tinel's test was positive on the right, bracelet test was positive on the right, and Phalen's test was positive on the right. Hip exam revealed Fabere's test positive on the left and Anvil test positive on the left. Ankle and feet examination revealed the patient walks with a cane in her right hand. She reports pain has decreased her medically from a 5/10 down to 3/10. There was +3 spasm and tenderness to the left lateral malleolus. Valgus test was positive on the left and varus was positive on the left. Tinel's tibial was positive on the left. Treatment plan was for a work hardening/conditioning for 10 visits with the addition of therapeutic procedures including electrical stimulation to the right wrist, and directed to the cervical spine, left hip mild resistance Thera-band, as well as compounded topical cream containing lidocaine, gabapentin, and Ketoprofen, Motrin, NCV/EMG testing of the bilateral upper extremities and bilateral lower extremities, work hardening screening to determine if the patient is a candidate for a work hardening program, psychosocial factors screen, functional improvement measures through a functional capacity evaluation. On 09/24/14, requests for work hardening/conditioning for 10 visits with the addition of therapeutic procedures including electrical stimulation to the right wrist, and directed to the cervical spine, left hip mild resistance Thera-band, as well as compounded topical cream containing Lidocaine, gabapentin, and Ketoprofen, Motrin, NCV/EMG testing of the bilateral lower extremities, and work hardening screening were non-certified. NCV/EMG of the bilateral lower extremities was not uncertified secondary to a lack of documented evidence to indicate the patient reported low back pain or radiating pain in the lower extremities. There were no physical exam findings consistent with lumbar radiculopathy. Work conditioning/work hardening screening was non-certified as well as work conditioning/hardening treatment as there were no physical therapy notes or occupational therapy notes indicating the patient could not benefit from additional physical therapy or general conditioning or that the patient would not be a candidate for other treatment/evaluation prior to consideration of the work hardening program. There was no indication that a thorough psychological evaluation had been performed to address psychological comorbidities. The additional therapeutic procedures requested were not certified as the work hardening program was non-certified Motrin. 800 mg #100 3 refills was non-certified as the patient has previously been treated with NSAIDs and there is a lack of documentation of quantifiable pain relief and objective functional improvement. Topical compound Lidocaine 6%/ Gabapentin 10%/ Ketoprofen 10%, 180gm, with 2 refills was non-certified as containing ingredients are not supported by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of the lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: Regarding electrodiagnostic studies of the upper extremities, ACOEM

guidelines state that electromyography (EMG), and nerve conduction velocities (NCV), including H reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. ODG-TWC states that electromyography is recommended (needle, not surface) as an option in selected cases. In this case, there is no indication that the patient has signs or symptoms consistent with radiculopathy that would be an indication for performance of EMG. Without evidence of neurological deficits specific to motor weakness and sensory alteration, the medical necessity for the proposed intervention is not established. Furthermore, the request does not specify which lower extremity is being requested for testing. Therefore, NCV/EMG of the lower extremity is not medically necessary and is non-certified.

Work conditioning/hardening screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

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

Decision rationale: The ODG guidelines regarding Work Conditioning/Hardening state "There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches." This case, the patient previously underwent extensive therapy without any documented significant benefit or progression. There is no indication to suggest that the patient would benefit from a work conditioning/hardening program, and it is further noted the patient continues to be recommended for additional alternative treatments. Given the lack of improvement with prior therapy sessions, Work conditioning/hardening screening is not medically necessary and is non-certified.

Work conditioning/hardening for the neck, right wrist, left ankle and left hip 3 times per week for a total of 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

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

Decision rationale: The ODG guidelines regarding Work Conditioning/Hardening state "There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches." Guidelines recommended a complete evaluation be performed including psychological evaluation to rule out psychological barriers to treatment. Given the patient is not appropriate for a work hard names/work conditioning screening, treatment would also not be considered medically necessary and the request for Work conditioning/hardening for the neck,

right wrist, left ankle and left hip 3 times per week for a total of 10 sessions is non-certified.

Additional therapeutic procedures in support of work hardening program to include electrical muscle stimulation to the right wrist, infrared to the cervical spine and left hip mild resistance thera-band: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

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

Decision rationale: The ODG guidelines regarding Work Conditioning/Hardening state "There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches." In this case, the requested program is not considered medically necessary and the associated passive modalities are specifically excluded for use in these programs. Therefore, Additional therapeutic procedures in support of work hardening program to include electrical muscle stimulation to the right wrist, infrared to the cervical spine and left hip mild resistance thera-band is not medically necessary and is non-certified.

Motrin 800mg, #100 with 3 refills:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70.

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

Decision rationale: The ODG guidelines regarding Work Conditioning/Hardening state "There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches." In this case, the requested program is not considered medically necessary and the associated passive modalities are specifically excluded for use in these programs. Therefore, Additional therapeutic procedures in support of work hardening program to include electrical muscle stimulation to the right wrist, infrared to the cervical spine and left hip mild resistance thera-band is not medically necessary and is non-certified.

Topical compound Lidocaine 6%/ Gabapentin 10%/ Ketoprofen 10%, 180gm, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The CA MTUS states "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the requested formulation contains Ketoprofen, and per CA MTUS, "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." The requested formulation contains gabapentin, and per CA MTUS, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Per the CA-MTUS Guidelines, lidocaine is only supported as a dermal patch, and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested Topical compound Lidocaine 6%/ Gabapentin 10%/ Ketoprofen 10%, 180gm, with 2 refills is not medically necessary and is non-certified.

Topical compound Flurbiprofen 15%/ Cyclobenzaprine 2%/ Baclofen 2%/ Lidocaine 2%, 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The CA MTUS states "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding cyclobenzaprine, guidelines note "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The requested formulation contains gabapentin, and per CA MTUS, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Per the CA-MTUS Guidelines, lidocaine is only supported as a dermal patch, and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, Topical compound Flurbiprofen 15%/ Cyclobenzaprine 2%/ Baclofen 2%/ Lidocaine 2%, 180gm with 2 refills is not medically necessary and is non-certified.