

Case Number:	CM15-0012405		
Date Assigned:	01/29/2015	Date of Injury:	09/15/2010
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/21/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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:

This 46 year-old male has reported neck and back pain after an industrial injury on 9/16/10. The diagnoses include cervical, thoracic and lumbar spine strain/sprain, cervical myofascial pain syndrome, cervical disc protrusion, lumbar spine disc protrusion with radiculopathy, chest wall strain, depression and sleep disorders. Per the PR-2 dated 12/3/14, the injured worker was last seen on 4/26/13. He was taking Advil only. He had returned to work and had continued neck and back pain as before and requested medication. The neck pain was localized to the neck only. The back pain was localized to the low back only. Global range of motion and strength in the right upper and lower extremity was 4/5. A non-specific sensory deficit was present in the right arm and leg. Radiographs of the neck and back were performed. The treatment plan also included Flexeril, Mobic, topical agents, and chiropractic. There was no discussion of the specific indications for each medication or any other test or treatment. On 1/6/15, Utilization Review non-certified X-rays of the cervical spine, X-rays of the lumbar spine, electrodiagnostic testing, Fluriflex (Flurbiprofen 15%, Cyclobenzaprine 10%) and TGHOT (Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%/Capsaicin 0.05%). A request for chiropractic; twelve visits was partially certified for six visits over two weeks, cervical spine and lumbar spine. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic; twelve (12) visits (2x6), cervical spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. 12 visits exceed the recommended initial course per the MTUS. No manual and manipulative therapy is medically necessary based on a prescription which exceeds that recommended in the MTUS.

X-rays of the cervical spine, 5 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182.

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no symptoms other than localized pain, and no objective evidence of specific and serious pathology, given the non-specific, regional findings. There were no indications for an invasive procedure. The treating physician has not documented any specific neurological deficits (the deficits were widespread, non-myotomal, and regional), or other signs of significant pathology. Per the MTUS, imaging is not generally necessary absent a 3-4 week period of conservative care. The treating physician did not describe an adequate and failed course of conservative care prior to prescribing an imaging study. The imaging is not medically necessary based on the recommendations in the MTUS.

X-rays of the lumbar spine, 4 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 296.

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination". No "red flag" conditions are identified. This

injured worker had no symptoms other than localized pain, and no objective evidence of specific and serious pathology, given the non-specific, regional findings. There were no indications for an invasive procedure. The treating physician has not documented any specific neurological deficits (the deficits were widespread, non-myotomal, and regional), or other signs of significant pathology. Per the MTUS, imaging is not generally necessary absent a 3-4 week period of conservative care. The treating physician did not describe an adequate and failed course of conservative care prior to prescribing an imaging study. The imaging is not medically necessary based on the recommendations in the MTUS.

Fluriflex (Flurbiprofen 15%, Cyclobenzaprine 10%) 180gm, a thin layer is to applied BID:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants are not recommended per the MTUS. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. This injured worker is already taking an oral NSAID, making a topical NSAID duplicative and unnecessary, as well as possibly toxic. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, and inappropriate prescribing.

**TGHOT (Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%/Capsaicin 0.05%)
180 gm, a thin layer is to be applied BID:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs), specific drug list.

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

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment

of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical gabapentin is not recommended per the MTUS. There is no good evidence for topical opioids. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other, more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. The topical agents prescribed are not medically necessary based on the MTUS and lack of medical evidence.

EMG/NCV of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 309.

Decision rationale: There are no reports from the prescribing physician which adequately describe neurologic findings that necessitate electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of electromyogram (EMG) or nerve conduction velocity (NCV). Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal or non-myotomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. This injured worker has no symptoms beyond the neck and low back. The deficits in the lower extremities are global, non-dermatomal, non-myotomal, and not indicative of specific pathology. The MTUS recommends an EMG, not an NCV for suspected lumbar pathology. The MTUS recommends electrodiagnostic testing, when indicated, after a month of care. The electrodiagnostic testing in this case was prescribed at the first re-evaluation visit, without establishing the duration of any deficits and without any period of observation and conservative care. The electrodiagnostic testing is not medically necessary based on the MTUS.