

Case Number:	CM15-0019783		
Date Assigned:	02/09/2015	Date of Injury:	04/17/2009
Decision Date:	04/14/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/02/2015

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:

The injured worker is a 47-year-old female who sustained an industrial injury on 04/17/2009. Diagnoses include cervical hyperextension/hyper flexion injury, cervical discopathy, mild bilateral shoulder impingement, lumbar hyperextension/hyperflexion injury, lumbar disc herniation, lumbar radiculopathy, anxiety/depression, psychological issues, gastrointestinal disturbance, and possible urologic work related disorder. Treatments to date include medications, and an ergonomic chair which has been displaced or lost in the past year. A progress note from the treating provider dated 12/15/2014 indicates that the injured worker had not been seen since November 2013. Current medications include tramadol, robaxin, and motrin which the injured worker states are all helping. The treating physician also states that the injured worker ran out of tramadol and was using motrin but that she had gastritis/irritation. The injured worker reported aching pain in the neck, aching pain in the low back with burning pain in the right leg, all of which she rates as a 9/10 on the pain scale. She also complains of burning pain in the left chest which she rates as 7/10 on the pain scale, and burning pain in the stomach/abdominal area on the right. It was noted that the injured worker was presently working. Physical examination shows decreased cervical range of motion with discomfort. Scapular retraction is limited and produces rhomboid pain. Full shoulder motion is accompanied by trapezius tenderness and pain. Upper extremity reflexes and sensation are intact, there is no evidence of instability, and there was no gross weakness. Spurling's maneuver is normal. In the lumbar spine, there is tenderness from the thoracolumbar spine to the base of the pelvis. She has mild right-sided sciatica. There is some tenderness on stress of the pelvis indicative of mild

sacroiliac joint symptomology. Range of motion is diminished, sensation is intact, reflexes are intact and there is no gross instability or gross motor weakness in the lower extremities. Blood pressure was not recorded. The treating physician noted that a long period of time had elapsed since the injured worker's diagnostic studies and that due to this and the radiating pains, worsening neck and shoulder symptoms, and new right sided irritation, MRI scans of the cervical and lumbar spine would be requested. It was noted that the injured worker was working and that she may continue to do so with the same restrictions. The treatment plan includes a MRI scan of the cervical and lumbar spine, eight visits of acupuncture therapy to the cervical spine and lumbar spine, replacement of her ergonomic chair, and medications for symptomatic relief, including Ultram 50 mg #90, Duexis #90, and a compounded topical medication of Gabapentin 10% Cyclobenzaprine 4% Ketoprofen 10% Capsaicin 0.0375% Menthol % Camphor 2% Cream. On 01/09/2015 Utilization Review (UR) modified a request for Acupuncture eight (8) Visits, Cervical Spine and eight (8) visits, Lumbar Spine to 6 acupuncture visits total for the cervical and lumbar spine. UR non-certified requests for Duexis #90, One tablet TID with Three Refills, Gabapentin 10% Cyclobenzaprine 4% Ketoprofen 10% Capsaicin 0.0375% Menthol % Camphor 2% Cream, MRI Scan of the Cervical Spine, and MRI Scan of the Lumbar Spine. UR cited the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

Decision rationale: The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. In this case, there was no documentation of physical findings consistent with nerve root compromise. Sensation, reflexes, and strength in the lower extremities were intact. There was no documentation of plan for surgery, red-flag diagnoses, or prior back surgery. Due to lack of specific indication, the request for MRI of the lumbar spine is not medically necessary.

MRI Scan of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-172, 177-179, 182.

Decision rationale: Per the MTUS/ACOEM, for most patients presenting with neck problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction, and prior to an invasive procedure. Physiologic evidence may be in the form of neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, there was no documentation of a red flag. There were no abnormal findings on neurologic examination of the upper extremities. There was no documentation of plan for an invasive procedure. Due to lack of specific indication, the request for MRI of the cervical spine is not medically necessary.

Acupuncture eight (8) Visits, Cervical Spine and eight (8) visits, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. Medical necessity for any further acupuncture is considered in light of functional improvement. Acupuncture treatments may be extended if functional improvement is documented. In this case, there was no documentation of any prior acupuncture treatment, therefore the request is considered as an initial course. The treating physician documented that motrin caused gastrointestinal irritation, but this medication was continued in the form of duexis. No reduction in medication was documented. The physician documented that the injured worker was not attending any form of therapy, and there was no plan for surgery. The number of sessions (8) requested is in excess of that recommended by the guidelines for an initial course (6). Due to lack of indication and request for a number of sessions in excess of the guidelines, the request for Acupuncture eight (8) Visits, Cervical Spine and eight (8) visits, Lumbar Spine is not medically necessary.

Duexis #90, One tablet TID with Three Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): p. 68-73.

Decision rationale: Duexis contains famotidine (a H2 blocker) and ibuprofen (a NSAID). The documentation indicates that the injured worker has been taking motrin (ibuprofen) for an unspecified period of time. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The quantity requested suggests long-term rather than brief treatment for an acute exacerbation. The treating physician has also prescribed a topical NSAID, which is duplicative and potentially toxic. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS recommends co-therapy of NSAIDs with a proton pump inhibitor (PPI) in patients who are determined to be at intermediate or high risk of a gastrointestinal (GI) event. There is no recommendation for H2 receptor antagonists for gastric protection from NSAID use. A H2-receptor antagonist may be considered for treatment of dyspepsia secondary to NSAID therapy; in this case, the injured worker has unexplained abdominal pain, which was not documented to be specifically due to dyspepsia secondary to NSAID therapy. The injured worker reported right sided burning stomach/abdominal pain. The physician documented presence of gastritis and irritation secondary to motrin. No examination of the abdomen was documented. No investigation of the possible causes of GI symptoms was discussed. Due to length of use in excess of the guidelines, presence of GI symptoms which have not been sufficiently investigated, and lack of evidence of laboratory or blood pressure monitoring during previous treatment, the request for duexis is not medically necessary.

Gabapentin 10% Cyclobenzaprine 4% Ketoprofen 10% Capsaicin 0.0375% Menthol % Camphor 2% Cream apply 1-2 grams to affected area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics p. 111-113 medications for chronic pain p. 60 Page(s): p. 111-113, 60. Decision based on Non-MTUS Citation Up-to-date: camphor and menthol: drug information. In Up-to-date, edited by Ted. W. Post, published by Up-to-date in Waltham, MA, 2015.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. 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. Ketoprofen, a non-steroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photo contact dermatitis. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder, and topical NSAIDS are not recommended for neuropathic pain. As topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The treating physician has also prescribed an oral NSAID, which is duplicative and potentially toxic. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. The MTUS is silent with regards to camphor. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. As multiple ingredients in this compounded product are not recommended, the compound is not recommended. The request for Gabapentin 10% Cyclobenzaprine 4% Ketoprofen 10% Capsaicin 0.0375% Menthol % Camphor 2% Cream apply 1-2 grams to affected area is not medically necessary.