

Case Number:	CM15-0114913		
Date Assigned:	06/26/2015	Date of Injury:	04/08/2012
Decision Date:	08/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York
Certification(s)/Specialty: Pediatrics, 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 45-year-old male, who sustained an industrial injury on 4/8/12. He reported injuries to his back, neck and upper and lower extremities. The injured worker was diagnosed as having cervical musculoligamentous injury, cervical sprain/strain, lumbar musculoligamentous injury, lumbar sprain, strain, anxiety, depression and acute stress disorder. Treatment to date was not included with documentation. Currently, the injured worker complains of back pain 100% of the day rated 10/10, described as constant, moderate sharp, stabbing with stiffness and cramping and neck pain 100% of the day rated 5/10, which is constant with stiffness and aggravated by walking. He also complains of depression, anxiety, irritability and insomnia. His work status is temporary total disability. Physical exam noted tenderness to palpation of the cervical paravertebral muscles with spasm and tenderness to palpation of lumbar paravertebral muscles with spasm. The treatment plan included a request for authorization for Capsaicin/Flurbiprofen/Gabapentin/Menthol/Camphor, Gabapentin/Amitriptyline/Dextromethorphan, lumbar brace for lumbar spine, TENS unit, DNA testing, psychological evaluation, Urine Analysis Testing, x-ray of cervical spine and lumbar spine, acupuncture 1 time a week for 6 weeks and physio therapy 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: 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 Page(s): 111-112.

Decision rationale: CA MTUS notes the use of topical analgesics is largely experimental and few trials have been performed to determine efficacy or safety. "They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." "Many agents are compounded as monotherapy or in combination for pain control and there is little to no research to support the use of many of these agents." "A compounded product that contains at least one drug that is not recommended is not recommended." Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Documentation does not support the injured worker has tried or been intolerant to other treatments. Flurbiprofen and Gabapentin are not recommended and there is no peer-reviewed literature to support use. There the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm is not medically necessary.

Compound: Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm: 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 Page(s): 111-112.

Decision rationale: CA MTUS notes the use of topical analgesics is largely experimental and few trials have been performed to determine efficacy or safety. "They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." "Many agents are compounded as monotherapy or in combination for pain control and there is little to no research to support the use of many of these agents." "A compounded product that contains at least one drug that is not recommended is not recommended." Gabapentin, amitriptyline and dextromethorphan are not recommended and there is no peer reviewed literature to support use. There the request for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm is not medically necessary.

DNA testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: CA MTUS is silent on DNA testing, therefore ODG guidelines were referenced. The ODG notes there is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. "Cytokine DNA signature testing has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome." Documentation does not indicate the injured worker suffered from fibromyalgia or complex regional pain syndrome. Therefore, the request for DNA testing is not medically necessary.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: ACOEM guidelines note there is no evidence to support lumbar supports in preventing back pain. They have not been shown to have lasting benefits beyond the acute phase of treatments. Documentation notes the injured worker's injury occurred in 2012 and is chronic, not acute in nature. Therefore, the request for a lumbar support is not medically necessary.

Urine analysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, urine drug screening Page(s): 74-96.

Decision rationale: CA MTUS recommends use of Urine Drug Screening for those at high risk of abuse and are recommended to avoid misuse of opioids. Urine drug testing is recommended for a new patient who is currently receiving an opioid or when opioid treatment is being considered. The documentation submitted did not indicate the injured worker was currently receiving opioid treatment or that it was a consideration for the future. Therefore, the request for Urine Drug Screening is not medically necessary.

TENS/EMS unit rental for the cervical/lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-116.

Decision rationale: CA MTUS does not recommend TENS as a primary treatment modality, but a one month home based TENS trial may be considered as a noninvasive conservative option. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and CRPS I. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. The injured worker did not have a diagnosis of neuropathic pain

or spinal cord injury. Documentation does not support failure of other appropriate pain modalities prior to requesting TENS. Therefore, the request for TENS is not medically necessary.

X-rays for the cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 182, 303.

Decision rationale: CA MTUS citation on cervical/lumbar spine x-rays notes they "should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." If the physician believes it would aid in patient management, it may be recommended. There are no red flags documented and the injury occurred in 2012. Therefore, the request for lumbar spine x-rays is not medically necessary.

Physiotherapy x 12 for the cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174, 134.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174, 98-99, Chronic Pain Treatment Guidelines neck and upper back, low back.

Decision rationale: CA MTUS guidelines recommend a trial of physical for cervical spine for 1-2 visits for education, counseling and evaluation of home exercise. Lumbar spine physical therapy is recommended for severe acute and sub-acute conditions and 8-12 visits are recommend over a 6-8 week period as long as there is functional improvement and program progression documented. Submitted documentation does not state if prior physical therapy has or has not been performed, to indicate a total number of visits. Therefore, the request for physical therapy is not medically necessary.