

<b>Case Number:</b>	CM15-0116960		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/01/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 31-year-old male, who sustained an industrial injury on October 1, 2014. He reported head, neck, right shoulder and right eye with associate headaches and decreased vision after being struck in the head by a piece of roofing material. The injured worker was diagnosed as having headaches, post-traumatic headaches, cervical spine sprain/strain, right shoulder sprain/strain and visual discomfort. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Currently, the injured worker complains of continued sharp and stabbing head pain with associated numbness on the right side, headaches, right shoulder, right eye and neck pain with associated dizziness, visual difficulties, sleep disruptions, anxiety, depression and fluctuating weight. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on December 19, 2014, revealed continued pain as noted. Range of motion in the cervical spine during flexion was noted as 40 degrees with 50 degrees being the normal and during extension at 0 degrees with 60 degrees being the normal. Cervical spine rotation was noted as 60 degrees on the right and 70 degrees on the left with 80 degrees being the normal. Cervical lateral tilt was also noted as decreased on the right and left. Significant sleep impairment was noted and a sleep study was recommended. He reported using Ibuprofen for pain and reported it as helpful. The physician recommended a functional capacity examination (FCE) to determine functional capabilities before returning to the workforce. Evaluation on March 12, 2015, revealed continued pain as noted with continued decreased range of motion in the cervical spine. It was noted he had

bilateral shoulder tenderness to palpation. It was noted he was to return to full duty work on March 12, 2015. Evaluation in May 2015 revealed continued complaints and continued improvement with Ibuprofen. He reported he was having trouble finding time to do physical therapy secondary to working during the week. Home exercise equipment for the cervical spine was recommended; a baseline functional capacity evaluation, home exercise kit for the cervical spine and right shoulder and TGICe cream were requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Home exercise kit cervical spine and right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder - Home exercise kits.

**Decision rationale:** Per ODG guidelines, home exercise kits are recommended as an option. Home exercise kits and when home exercise programs are recommended and where active self-directed home physical therapy is recommended. The documentation does not contain notes from physical therapy regarding a home exercise program, which would necessitate a home exercise kit. This request is not medically necessary.

**TENS / interferential unit for home usage cervical spine and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116, 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

**Decision rationale:** Per MTUS guidelines, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain, phantom limb pain, spasticity and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. The IW has none of the conditions as an indication for TENS uses and there is no notation that the IW is doing physical therapy and thus the request is not medically reasonable and appropriate. Criteria for use of an ICS include pain that is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). There was no documentation of the above conditions in the file. As the IW did not meet criteria for approval for the ICS, the subsequent request for supplies is not medically appropriate.

**Baseline functional capacity evaluation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, Independent Medical Examinations and Consultations, page 132-139.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines ACOEM; Independent medical examinations and consultations, (7)132-139.

**Decision rationale:** California MTUS Guidelines are silent. According to the Non-MTUS Official Disability Guideline (ODG), a functional capacity exam (FCE) may be warranted if the injured worker had prior unsuccessful attempts at returning to work, was noted to be close to maximal medical improvement or if objective details describing the injured worker's abilities was provided. A FCE is not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. There were no failed attempts by the injured worker to return to work. It was noted he was working full time. Based on the documentation provided and the ODG guidelines, a FCE is not medically necessary.

**MRI cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** Per ACOEM neck chapter imaging is recommended in the following circumstances, an imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for four to six weeks or more, when surgery is being considered for a specific anatomic defect and to further evaluate the possibility of potentially serious pathology, such as a tumor. The included physical examination does not document significant neurologic dysfunction and the symptoms are described as intermittent. Additionally, the records indicate that the IW had an MRI done shortly after the injury with no notation of further injury requiring reimaging. The request is not medically necessary.

**Flurbiprofen 20 percent cream: Upheld**

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

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

**Decision rationale:** Topical NSAID's are indicated for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. Any compounded product that contains at least one

drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. This request is not medically necessary and appropriate.

**TGICe cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the California MTUS guidelines, topical analgesics are primarily recommended for neuropathic pain after a trial of a first line oral therapy has failed. The guidelines state that any compounded product that contains at least one drug class that the FDA does not recommend is not recommended. TGICe contains Gabapentin and Tramadol, which are not FDA approved for topical use. Camphor and menthol are approved for topical use in patients who are intolerant to other treatments. There was no documentation objectively describing a failed first line oral pain medication trial. In addition, there was no noted rationale for the use of topical medications versus the FDA approved individual oral forms of Tramadol or Gabapentin. The injured worker continued working and treating the pain with Ibuprofen. The request for TGICe is not medically necessary.