

Case Number:	CM15-0064421		
Date Assigned:	04/10/2015	Date of Injury:	11/05/2013
Decision Date:	06/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/06/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female who sustained an industrial injury on 11/05/2013. The mechanism of injury was not provided. Diagnoses include lumbar sprain/strain, right shoulder sprain/strain, insomnia, anxiety, and depression. Treatment to date has included diagnostic studies, medications, and chiropractic therapy. A physician progress note dated 12/17/2014 documented that the injured worker complains of a constant achy pain in her lumbar spine rated 4 out of 10, and it radiates and is relieved with medications. She has right shoulder pain and loss of sleep due to pain. Lumbar spine range of motion is restricted. The documentation of 01/21/2015 revealed the injured worker had complaints of pain in the low back that was relieved with medication. The pain level was 6/10. The injured worker had decreased range of motion of the lumbar spine. The injured worker was prescribed oral medications to reduce pain and muscle spasms, acupuncture, and physiotherapy. Treatment requested is for Cyclobenzaprine 7.5mg quantity 60, Flurbiprofen 20%, Baclofen 10%, and Dextromethorphan 2% in Cream Base, Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm Base, MRI of Lumbar/Sacral Spine, Nerve Conduction Velocity / Electromyography of Bilateral Lower Extremities, Terocin Patch quantity 30, and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity/Electromyography of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: The American College of Occupational and Environmental Medicine states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. They do not address NCS of the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCS. The clinical documentation submitted for review failed to provide documentation of myotomal or dermatomal findings to support the necessity for electrodiagnostic studies. There was a lack of documentation of the duration of conservative care. Given the above, the request for nerve conduction velocity/electromyography of bilateral lower extremities is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS indicates that the use of urine drug screening is for injured workers with documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for a urinalysis is not medically necessary.

Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10% in Mediderm Base: 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, Antidepressants, Topical Antiepileptic Medications, Topical Capsaicin, Topical Analgesics, Topical Salicylates Page(s): 111, 13, 113, 28, 111, 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended as there is no peer reviewed literature to support its use in topical preparations. Peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. Per Drugs.com, "Dextromethorphan is a cough suppressant. It affects the signals in the brain that trigger cough reflex." Topical Salicylates are recommended. Capsaicin is recommended only 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 of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The clinical documentation submitted for review failed to provide documentation of a trial and failure of oral antidepressants and/or anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The rationale for the addition of dextromethorphan was not provided. There was a lack of documentation indicating a necessity for dextromethorphan and muscle relaxants in both the topical and oral formulations. The request as submitted failed to indicate the frequency, body part, and quantity of medication being requested. Given the above, the request for gabapentin 10%, amitriptyline 10%, and dextromethorphan 10% in mediderm base is not medically necessary.

Flurbiprofen 20%, Baclofen 10%, Dextromethorphan 2% in Cream Base: 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, Topical NSAIDS, Topical Antiepileptic Medications Page(s): 111, 111-112, 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/dextromethorphan.html>.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. Indications: osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: not recommended as there is no

evidence to support use. Per Drugs.com, "Dextromethorphan is a cough suppressant. It affects the signals in the brain that trigger cough reflex." Baclofen is not recommended as there is no peer reviewed literature to support topical use. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for dextromethorphan in 2 topical ointments or creams. There was a lack of documentation of a rationale for the use of dextromethorphan. There was a lack of documented rationale for the use of 2 topical muscle relaxants along with an oral muscle relaxant. The request as submitted failed to indicate the frequency, body part, and quantity of medication being requested. Given the above, the request for flurbiprofen 20%, baclofen 10%, and dextromethorphan 2% in cream base is not medically necessary. There was a lack of documentation indicating the injured worker had osteoarthritis.

Terocin Patch quantity 30: 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 Salicylate Topicals, Topical Analgesic, Lidocaine Page(s): 105, 111, 112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=100ceb76-8ebe-437b-a8de-37cc76ece9bb>.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per dailymed.nlm.nih.gov, Terocin patches are topical lidocaine and menthol. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally, the request as submitted failed to indicate the frequency and the strength for the requested medication. Given the above, the request for Terocin patch, quantity 30, is not medically necessary.

Cyclobenzaprine 7.5mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks, and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. There was a lack of documented rationale for both topical and oral forms of muscle relaxants. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg, quantity 60, is not medically necessary.

MRI of Lumbar/Sacral Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: The ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide the injured worker had unequivocal objective findings identifying specific nerve compromise. There was a lack of documentation of the conservative care for the lumbar spine. Given the above, the request for an MRI of the lumbar/sacral spine is not medically necessary.