

<b>Case Number:</b>	CM15-0079658		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	03/25/2007
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Emergency 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 53 year old male sustained an industrial injury to bilateral hands, wrists, left shoulder and neck on 3/25/07. Previous treatment included magnetic resonance imaging, electromyography, bilateral carpal tunnel release, physical therapy, chiropractic therapy, acupuncture and medications. In a PR-2 dated 2/17/15, the injured worker complained of ongoing burning radicular neck pain with spasms, bilateral shoulder pain, bilateral wrist pain with muscle spasms and mid back pain. The injured worker rated his pain 8-9/10 on the visual analog scale. Current diagnoses included cervicalgia, cervical spine radiculopathy, bilateral shoulder sprain/strain, bilateral median nerve release, bilateral pain in wrist and thoracic spine sprain/strain. The IW had modified work restrictions. On 4/2/2015 the Utilization Review non certified requests for compound topical agents (Cyclobenzaprine 2% / Gabapentin 15% / Amitriptyline 10% 180gm and Capsaicin 0.025% / Flubiprofen 15% / Gabapentin 10% / Menthol 2% / Camphor 2% 180 gm), EMG/NVC studies of bilateral upper extremities, Terocine patches, and chiropractic and physical therapy treatments for the cervical spine, bilateral shoulders, bilateral wrists. Ca MTUS chronic pain guidelines were cited in support of these decisions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%/ Flurbiprofen 15%/ Gabapentin 10%/ Menthol 2%/Camphor 2% 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Gabapentin. MTUS guidelines states that gabapentin is not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

**Cyclobenzaprine 2% / Gabapentin 15%/ Amitriptyline 10% 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesia Page(s): 111-112.

**Decision rationale:** CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Gabapentin. MTUS guidelines states that gabapentin is not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

**Physical therapy C/S, Bilateral shoulders, Bilateral wrists, T/S Qty: 18.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to CA MTUS, physical medicine is utilized with the overall goal of improving function. The Injured Worker has previously completed physical therapy sessions, although the specific number is not clear from the records. A trial of 6 visits may be considered for musculoskeletal pain. Guidelines do not recommend maintenance care. Therapy notes stated goals were to decrease pain and establish a home exercise program. The documentation does not demonstrate progression in the Injured Worker functional ability or decrease in pain. The request for 18 physical therapy treatment sessions is not medically necessary.

**Chiropractic treatments C/S, Bilateral shoulders, Bilateral wrist, T/S Qty: 18.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** According to CA MTUS, physical medicine is utilized with the overall goal of improving function. It is assumed this request is for first time chiropractor evaluation and treatment. Documentation does not support the IW has previously undergone such treatments. According to referenced guidelines, manual therapies are recommended for musculoskeletal conditions. A trial of 6 visits over 2 weeks with evidence of functional improvements is recommended. The request for 18 visits exceeds this recommendation. The request is not medically necessary.

**Terocin Patches:** Upheld

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

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

**Decision rationale:** The treating physician has not discussed the ingredients of Terocin and the specific indications for this injured worker. Per the manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication contraindications for this patient, the MTUS recommends against starting 3-7 medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are "not recommended" per the MTUS. Capsaicin alone in the standard formulation readily available OTC may be indicated for some patients. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. Capsaicin is also available OTC, and the reason for compounding the formula you have prescribed is not clear. Terocin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

**EMG of right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 168-171; 196-201.

**Decision rationale:** The Injured Worker has previously had EMG/NCV testing. Results from those tests were not available for review, but documentation did support the Injured Worker had carpal tunnel surgery that was indicated based on the results of these aforementioned tests. There are no reports from the prescribing physician which adequately present new neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or 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 extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

**NCV of right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 168-171, 196-201.

**Decision rationale:** The Injured Worker has previously had EMG/NCV testing. Results from those tests were not available for review, but documentation did support the Injured Worker had carpal tunnel surgery that was indicated based on the results of these aforementioned tests. There are no reports from the prescribing physician which adequately present new neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or 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 extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there

is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

**EMG of left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 168-171, 196-201.

**Decision rationale:** The Injured Worker has previously had EMG/NCV testing. Results from those tests were not available for review, but documentation did support the Injured Worker had carpal tunnel surgery that was indicated based on the results of these aforementioned tests. There are no reports from the prescribing physician which adequately present new neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or 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 extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.

**NCV of left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 168-171, 196-201.

**Decision rationale:** The Injured Worker has previously had EMG/NCV testing. Results from those tests were not available for review, but documentation did support the Injured Worker had carpal tunnel surgery that was indicated based on the results of these aforementioned tests. There are no reports from the prescribing physician which adequately present new neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or 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 extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation is minimal and there is no specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. Based on the recent clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical examination outlined in the MTUS.