

<b>Case Number:</b>	CM15-0090251		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	09/24/2014
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old, male who sustained a work related injury on 9/24/14. He was lifting a pallet, which weighed approximately 75 pounds when he noticed the immediate onset of pain in his middle and lower back which was followed by pain, numbness and tingling radiating into his legs and thighs. The diagnoses have included lumbar sprain/strain, thoracic sprain/strain, bilateral thigh pain, insomnia and abdominal pain. Treatments have included medications, physical therapy, and a lumbar epidural steroid injection without benefit. In the Primary Treating Physician's Initial Comprehensive Medical Evaluation Report dated 3/11/15, the injured worker complains of frequent headaches with dizziness. He complains of middle and low back pain with pain radiating into his legs and thighs. The pain is accompanied with numbness, tingling, burning sensation and weakness. He rates this pain level a 5/10. He complains of burning stomach pain. He complains of anxiety, depression, insomnia and hypertension. He has tenderness and spasms noted over the bilateral thoracic paraspinal muscles. He has tenderness and spasms noted over the bilateral lumbar paraspinal muscles. He has some decreased range of motion in lumbar spine. He states he has paresthesia of both thighs. He is not working. The treatment plan includes requests for an x-ray of the lumbar spine, an EMG-NCV of lower extremities, for physical therapy, for a lumbar brace and for two compounded medicated creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back chapter, Fitness to work chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Per CA MTUS, ACOEM guidelines, "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." He complains of numbness, tingling, burning sensation and weakness of the bilateral thighs and both legs. There is no documentation of bilateral leg dysfunction. Because the symptoms do not establish a clear picture of radiculopathy in the legs, the requested treatment of an EMG-NCV study of the lower extremities is not medically necessary.

**Physical therapy 3x4 for lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back chapter, Fitness to work chapter.

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

**Decision rationale:** Per CA MTUS guidelines, Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines, physical therapy recommended as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine; Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." He had physical therapy in the past without documentation of his response to the effectiveness of the therapy. Since he had physical therapy in the past without documentation of functional improvements achieved, the requested treatment of physical therapy to his lumbar spine is not medically necessary.

**X-ray lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back chapter, Fitness to work chapter.

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

**Decision rationale:** Per CA MTUS, ACOEM guidelines, "Lumbar spine x rays 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. However, it may be appropriate when the physician believes it would aid in patient management." The provider does not explain his reasoning on the need for the lumbar x-rays. Therefore, the requested treatment of x-rays of the lumbar spine is not medically necessary.

**Lumbar brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back chapter, Fitness to work chapter.

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

**Decision rationale:** Per CA MTUS, ACOEM guidelines, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." He is not in the acute phase of his back pain and he has had complaints of back pain for almost a year. Since he is not in the acute phase of his back pain, the requested treatment of a lumbar brace is not medically necessary.

**Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10%, Hyaluronic acid 0.2% in cream base 240g:** Upheld

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

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

**Decision rationale:** Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use." There is no information on the use of Amitriptyline as a topical analgesic ingredient in a compounded cream. There is no information on the use of Dextromethorphan as a topical analgesic ingredient in a compounded cream. There is no information on the use of Hyaluronic acid as an ingredient in a compounded cream. Since many of the drugs in this cream are not recommended or there is no information regarding their use in a cream, the requested treatment of a medicated cream consisting of Gabapentin, Amitriptyline, Dextromethorphan and Hyaluronic acid is not medically necessary.

**Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base 240g: Upheld**

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

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

**Decision rationale:** Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." With non-steroidal anti-inflammatories (NSAIDs), "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." There is no information noted on the use of menthol or camphor in a topical cream. There is no documented use of Flurbiprofen in a topical analgesic cream compound. Baclofen is not recommended. No information available on the use of Dexamethasone as a topical agent. No information available on the use of hyaluronic acid in a topical cream. Since there are several drugs in this cream that are not recommended or that there is no information available, he requested treatment of a medicated cream consisting of Flurbiprofen, Baclofen, Dexamethasone, Menthol, Camphor, Capsaicin and hyaluronic acid is not medically necessary.