MAXIMUS Federal Services

Case Number:	CM15-0093223		
Date Assigned:	05/19/2015	Date of Injury:	02/13/2015
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/14/2015

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: Florida
Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on February 13, 2015. He reported lower back and right leg pain after feeling a snap in his low back. The injured worker was diagnosed as having cervicothoracic spine sprain with right upper extremity weakness, rule out cervical 6-7 and cervical 7-8 radiculopathy, lumbar spine sprain with bilateral sciatica and right lower extremity weakness, rule out lumbar 5-sacral 1 radiculopathy. Treatment to date has included a lumbosacral brace, work modifications, physical therapy, a home exercise program, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On April 8, 2015, the injured worker complains of right neck stiffness, tension, and pain radiating to the occipital area and to the right thoracic spine and right shoulder blade. He complains of right low back pain and stiffness radiating to the right lower extremity with weakness. Associated symptoms include headaches, numbness of all toes on the right foot, right hip weakness, and right ankle giving way. The physical exam revealed limping and inability to stand on his right. There was tenderness of the right cervical spine, right upper trapezius, and right thoracic spine muscles. There was decreased sensation along the dorsolateral to medial right forearm and entire palm of the right hand, snuffbox tenderness of the right wrist, and tenderness of the right thumb carpometacarpal metacarpophalangeal joints. There was lumbar paravertebral muscles, spinous processes, right sacroiliac joint, and right sciatic notch tenderness, a right antalgic gait, and decreased sensation lateral right thigh, lateral to medial right leg and dorsomedial to lateral right foot. The right trochanter was tender. The left knee had crepitus. The right forefoot was tender. The treatment plan includes a functional

capacity evaluation (FCE), MRI of the lumbar spine, electromyography/nerve conduction velocity studies, a transcutaneous electrical nerve stimulation (TENS) unit, a cane, activity modifications, and continuing the lumbosacral brace. The requested treatments are a 1 month trial of neurostimulator transcutaneous electrical nerve stimulation (TENS), functional capacity evaluation, range of motion/muscle testing and medications including Flexeril and Cyclobenzaprine Tramadol topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month trial of Neurostimulator TENS EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-117.

Decision rationale: California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. There is evidence that other appropriate pain modalities have been tried (including medication) and failed a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial3. Other ongoing pain treatment should also be documented during the trial period including medication usage4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long term goals) was submitted. There is also no documentation that other treatment modalities have been tried and failed. Also, the patient sustained his injury on 2/14/2015, and as of the date this request was made, this patient had not had intractable pain for at least 3 months duration. Likewise, this request for a TENS unit rental is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Fitness for duty: Functional Capacity Evaluation (2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pre-placement and periodic examinations Page(s): 11-12.

Decision rationale: Functional Capacity Evaluations are recommended if a patient is ready to return to full duty work, but there is conflicting evidence on readiness, or prior to admission to a work hardening program. California MTUS guidelines state, "At present, there is not good

evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. The pre-placement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis." As evidenced above, MTUS guidelines do not fully support functional capacity evaluations. That said, in this patient's case, it does not appear that he has reached maximum medical improvement as his injuries are still being further investigated with MRI and EMG studies. Likewise, this request is not medically necessary.

Flexeril 7.5mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/Anti-spasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Flexeril is not medically necessary.

Cyclobenzaprine Tramadol topical compound cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).Tramadol (Ultram).

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

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Cyclobenzaprine, a muscle relaxant. MTUS guidelines specifically state regarding topical muscle relaxants, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Likewise, this request is not medically necessary in accordance with MTUS guidelines.

1 ROM/MT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic) 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General approach to initial assessment and documentation. The physical exam Page(s): 33.

Decision rationale: MTUS guidelines note that range of motion testing is part of the physical exam process. There is no documentation to establish the medical necessity of this diagnostic exam as a separate procedure from the general physical exam. This request for specialized range of motion testing is not medically necessary.