

Case Number:	CM15-0097550		
Date Assigned:	07/15/2015	Date of Injury:	06/28/2014
Decision Date:	10/14/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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 44 year old, male who sustained a work related injury on 6-28-14. The diagnoses have included cervical spine radiculopathy, cervical spine strain-strain, bilateral carpal tunnel syndrome, low back pain, lumbar strain-sprain, lower extremity radiculitis, anxiety, stress and sleep disorder. Treatments have included medications, shockwave therapy and chiropractic treatments. In the PR-2 dated 2-26-15, the injured worker complains of burning, radicular neck pain and muscle spasms. He describes the pain as constant and moderate to severe. He rates this pain level a 7 out of 10. He complains of burning bilateral wrist pain and muscle spasms. He rates this pain level a 7 out of 10. He complains of weakness, numbness, tingling and pain radiating to the hands and fingers. He also complains of burning, radicular low back pain and muscle spasms. He describes the pain as constant and moderate to severe. He rates this pain level a 7 out of 10. The pain is associated with numbness and tingling of the bilateral hips and legs. He is frustrated by his injury and is experiencing stress, anxiety and insomnia brought on by chronic pain, physical limitations and an uncertain future. Upon physical examination, he has tenderness to palpation of the suboccipital region as well as over both scalene and trapezius muscles. He has decreased range of motion in cervical spine. He has tenderness to both wrists. He has tenderness to palpation with spasms over the lumbar paraspinal muscles and over the lumbosacral junction. He has a trigger point noted at left posterior superior iliac spine. He has sciatic notch tenderness. He has decreased range of motion in lumbar spine. He is not working. The treatment plan includes requests for EMG-NCV studies of both legs and both arms, additional shockwave therapy sessions, and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV study of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic): Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per CA MTUS, ACOEM guidelines state electrodiagnostic studies are recommended "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." He has complaints of numbness and tingling in arms but there is no dysfunction noted in the use of the arms. There is only slightly diminished sensation over many dermatomes in arms. Because the documented symptoms in the arms do not establish a clear picture of radiculopathy, the requested treatment of an EMG-NCV of the upper extremities is not medically necessary.

Terocine patches (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per CA MTUS guidelines, Terocin is a compounded topical analgesic agent consisting of capsaicin, menthol, and methyl salicylate. 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." "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 methyl salicylate in a topical cream. She has been using medicated creams for an indeterminate amount of time. There is no documentation on how often she is using the cream, what body part she is applying it to or how much she is using at each treatment. Since there are components of this patch without information, the requested treatment of Terocin patches consisting of Capsaicin, Menthol and Methyl salicylate is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty: Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation.

Decision rationale: Per ODG, a Functional Capacity Evaluation (FCE) is "recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. 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." "Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." The provider does not indicate the reason for requesting the FCE. There is insufficient documentation of the injured worker having returned to work at some point and what difficulties he found with the job. There is no documentation of his physical capability or inability to do the functions of his job. Because of these reasons, the requested treatment of a functional capacity evaluation is not medically necessary.

Deprizine 15mg/ml oral suspension, 250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: With regards to Deprizine, according to MTUS guidelines it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There was no notation of GI symptoms or a history of risk factors. This request is not medically necessary and appropriate.

Dicopanol 5mg/ml oral suspension, 150ml: 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) Insomnia Treatment.

Decision rationale: MTUS is silent on the use of diphenhydramine. Per ODG, sedating antihistamines have been suggested for sleep aids, tolerance seems to develop within a few days. Prolonged use is not recommended. There was no documentation of objective functional benefit with prior use of these medications. The request is not medically necessary and appropriate

Fanatrex 25mg/ml oral suspension, 420ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Fanatrex (gabapentin) is recommended on a trial basis with lumbar spinal stenosis to assess if there is improved sensation, decreased pain with movement and increased walking distance. There was no documentation of objective functional benefit with prior use of these medications nor a radiculopathy. The request is not medically necessary and appropriate. Per ODG pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. There is no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. Sedating antihistamines have been suggested for sleep aids, tolerance seems to develop within a few days. Prolonged use is not recommended. There was no documentation of objective functional benefit with prior use of these medications. This request is not medically necessary and appropriate.

Synapryn 10mg/ml oral suspension, 500ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The IW is documented to be on an opioid, Synapryn, for pain relief. Documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

Tabradol 1mg/ml oral suspension, 250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Muscle relaxants are recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. The documentation does reference muscle spasm that the Flexeril would be used for however, there is no notation of benefit with the medication and at this time frame it is not indicated. This request is not medically necessary and appropriate.

Six shockwave therapy sessions: 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), Low Back-Lumbar & Thoracic (Acute & Chronic): Shock wave therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal Shockwave Therapy.

Decision rationale: Per ODG, Extracorporeal Shockwave Therapy (ESWT) is recommended in the treatment of burn wounds. "Shock wave therapy may work by increasing blood flow to the tissues and providing an anti-inflammatory effect." There are no recommendations or guidelines for ESWT in the treatment of cervical or lumbar spine injuries. Because of this reason, the requested treatment of shockwave sessions is not medically necessary.

EMG/NCV study of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic): Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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 and tingling of the bilateral hips and lower extremities. Sensation is slightly diminished over several dermatomes. 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.