Case Number:	CM16-0249536		
Date Assigned:	01/10/2017	**Date of Injury:**	10/18/2016
Decision Date:	02/07/2017	**UR Denial Date:**	12/01/2016
Priority:	Standard	**Application Received:**	12/29/2016

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,Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 case involves a now 39-year-old male with a history of an occupational claim from 10/18/2016. The mechanism of injury is detailed as cumulative trauma. The current diagnoses are documented as cervicalgia; pain in thoracic spine; low back pain; pain in unspecified hip; pain in unspecified knee; pain in unspecified ankle; and pain, unspecified. The prior treatment included medications and shockwave therapy. On 12/20/2016, the patient presented for a follow-up visit. The patient complained of muscle spasms in the neck, thoracic spine, and lumbar spine. The patient also complained of right hip pain that radiated down the leg. The patient also complained of right knee pain. The patient complained of right ankle pain. The patient rated the pain 3/10 and reported to increase to 5/10 with movement. On physical examination, the range of motion of the lumbar spine was decreased and painful. There was tenderness to palpation noted over the lumbar paravertebral muscles, right gluteus, spinous processes, and thoracolumbar junction. There was also muscle spasms in the lumbar paravertebral muscles, right gluteus, and thoracolumbar junction. The range of motion of the right hip was decreased and painful. There was also tenderness to palpation noted over the posterior hip. There was muscle spasms in the posterior hip. The treatment plan consisted of an electrodiagnostic study, topical analgesics, a urine drug screening, shockwave therapy, and acupuncture. The Request for Authorization was noted to be signed on 11/08/2016. The prior determination on 12/01/2016 denied the request for electrodiagnostic study due to no focal neurological dysfunction. The request for the topical analgesic with flurbiprofen, baclofen, dexamethasone, menthol, and capsaicin was denied due to the topical usage of baclofen is not recommended for topical use. The request for the topical

analgesic with gabapentin, cyclobenzaprine, and bupivacaine was previously denied due to cyclobenzaprine and gabapentin are not recommended in a topical form. The request for the urine drug screening was previously denied due to no indication that the patient was prescribed any opioid medication. The request for shockwave therapy was previously denied due to shockwave therapy for the low back is not recommended. The request for acupuncture was modified due to the guideline recommendation for an initial trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the hip, lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines state that electromyography and nerve conduction studies are generally accepted, well established, and widely used for localizing the source of the neurological symptoms in establishing the diagnosis of focal nerve entrapment, such as carpal tunnel syndrome and radiculopathy. On 12/20/2016, there was a lack of documentation of neurological deficits that would support the usage of an electrodiagnostic study. There was also a lack of documentation of recent conservative care the patient has had for the hip and lumbar. Given the above, the request is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines state that topical analgesics are largely experimental and used 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. There was no indication that the patient was intolerant to oral medication. There was also a lack of documentation regarding a rationale as to why the patient would require a topical cream versus oral medication. There was also a lack of documentation regarding the failure of antidepressants and anticonvulsants. In addition, the guidelines also state that baclofen is not recommended for topical use. The guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Therefore, the requested topical analgesic would not be supported. As such, the request is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 5% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines state that topical analgesics are largely experimental and used 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. There was no indication that the patient was intolerant to oral medication. There was also a lack of documentation regarding a rationale as to why the patient would require a topical cream versus oral medication. There was also a lack of documentation regarding the failure of antidepressants and anticonvulsants. In regard to gabapentin, the guidelines also state that gabapentin is not recommended as there is no peer reviewed literature to support its use. The guidelines also state that there is no evidence for use of any other muscle relaxant as a topical product. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Given that the requested service contains gabapentin and cyclobenzaprine, its usage is not supported. As such, the request is not medically necessary.

Urine Test: Upheld

Claims Administrator guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3.3.6 Opioids for Chronic Pain and Chronic Opioid Treatment: Use of Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3.3.9 Opioids for Chronic Pain and Chronic Opioid Treatment: Maintenance of Chronic Opioid Treatment.

Decision rationale: The California MTUS 2016 Opioid Treatment Guidelines state that periodic drug testing is useful in assessing the adherence to the treatment plan and in detecting the use of nonprescribed substances. The documentation submitted for review indicated that the patient had urine drug screen on 11/08/2016. There was no indication the patient was at high risk for abuse or addiction that would require multiple urine drug screens. In addition, there was lack of documentation indicating that the patient currently utilized opioid medications. Given the above, the request is not medically necessary.

Unknown shockwave treatments: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation

Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic): Shock wave therapy.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Shock wave therapy).

Decision rationale: The California MTUS and ACOEM Guidelines do not address the specific request. The Official Disability Guidelines stat that shockwave therapy is not recommended. The available evidence does not support the effectiveness of ultrasound or shockwave therapy for treating low back pain. The requested service did not specify the amount of sessions that are being recommended. In addition, it is unclear of what body part the shockwave therapy is being recommended for. However, given that that guidelines specifically do not recommend shockwave therapy for the low back, the request is not supported. As such, the request is not medically necessary.

Acupuncture treatments (unspecified quantity) was the original request. The Claims Administrator authorized Acupuncture treatments, 6 sessions, leaving the original request IMR eligible. The original request, Acupuncture treatments (unspecified quantity) is: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The California MTUS Guidelines Acupuncture Treatment Guidelines recommend an initial trial of acupuncture to include 6 sessions. The requested service did not specify the quantity of acupuncture treatments that are being recommended. It was also noted that the patient was previously authorized 6 sessions of acupuncture. The additional acupuncture sessions would exceed the guideline recommendation for an initial trial. There were no exceptional factors noted that would warrant exceeding the guidelines recommendation. Therefore, the request is not medically necessary.