

Case Number:	CM14-0148419		
Date Assigned:	09/18/2014	Date of Injury:	08/10/2010
Decision Date:	10/20/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 37-year-old male who has submitted a claim for lumbago; thoracic or lumbosacral neuritis or radiculitis associated with an industrial injury date of August 10, 2010. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of aching low back and bilateral leg and foot pain rating at 8/10. Examination revealed a limited ROM of the lumbar spine, and pain reproduction with axial loading of the lumbar spine. Muscle strength and DTRS were normal in the lower extremities. An MRI of the lumbar spine on 6/28/2013 revealed a tiny central annular tear/disc protrusion with mild neural foraminal narrowing at L4-L5. Treatment to date has included medications (including Zanaflex), physical and massage therapies, chiropractic treatments and acupuncture. NSAIDs did not provide adequate pain relief. Previous epidural injections (3/20/14 and 7/3/14) provided temporary relief. Utilization review from September 11, 2014 denied the request for RETRO: Medrox Patches, QTY: 2, DOS 09/03/14, Zanaflex 6mg, QTY: 30, Acupuncture, QTY: 6, Chiropractic treatment, QTY: 6 and Neurosurgical consultation, QTY: 1. The request for Medrox patches was denied because topical patches are only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants which is not documented in the patient's case. The request for Zanaflex was denied because there was no documented functional improvement from any previous use. The requests for 6 acupuncture sessions and 6 chiropractic sessions were denied because there was no documented objective evidence of functional improvement from previously completed sessions. The request for neurosurgical consultation was denied because there was insufficient documentation to warrant the authorization of a neurosurgical consultation for treatment of the patient's condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Medrox Patches, QTY: 2, DOS 09/03/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical page 28; Salicylate topicals page 105; Topical analgesics 111 Page(s): 28; 10. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates

Decision rationale: An online search indicates that Medrox contains menthol 5%, capsaicin 0.0375%, and methyl salicylate 20%. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, the patient was prescribed an increased dose of gabapentin on 9/3/2014 indicating that the patient had not yet failed with this drug and there was no intolerable side effects. Also, there is no guideline evidence showing greater efficacy of the 0.0375% preparation of capsaicin. It is unclear as to why a topical versus an oral pain medication is necessary in this patient. California MTUS Chronic Pain Medical Treatment Guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medrox patches contain capsaicin and menthol which are not recommended. Therefore, the request for RETRO: Medrox Patches, QTY: 2, DOS 09/03/14 Is not medically necessary.

Zanaflex 6mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, MUSCLE RELAXANT Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, it is not clear from the records when the patient started Zanaflex. The rationale for prescription is likewise not clear. There was no evidence that first-line treatment for the patient's low back pain had failed. The lack of information makes establishment of medical necessity

difficult. Moreover, there was no evidence of muscle spasm based on the most recent progress reports. Therefore, the request for Zanaflex 6mg, qty: 30 is not medically necessary.

Acupuncture, QTY: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient reportedly had previous acupuncture sessions. However, the number of visits completed as well as the patient's response to these sessions was not found on the records provided. Without this information, it is difficult to establish the necessity of further treatment. Furthermore, the target body of the treatment was not specified in this request. Therefore, the request for Acupuncture, QTY: 6 is not medically necessary.

Chiropractic treatment, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-60.

Decision rationale: As stated on pages 58-60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. In this case, the patient was reported to have undergone previous chiropractic sessions. However, reports on these prior sessions are missing from the records provided. It is not known how many sessions the patient already had and what response was derived. Moreover, the target body part of the treatment was not specified in this request. Therefore, the request for chiropractic treatment, qty: 6 is not medically necessary.

Neurosurgical consultation, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the neurologic examination of the patient was normal and the previous MRI only showed mild neural foraminal narrowing. It is not clear why a neurosurgical consult is being requested. Therefore, the request for neurosurgical consultation, qty:1 is not medically necessary.