

Case Number:	CM13-0002704		
Date Assigned:	12/13/2013	Date of Injury:	02/16/1999
Decision Date:	02/04/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a male patient with a date of injury of 2/26/1999. A utilization review determination dated July 10, 2013 recommends noncertification of new scooter, noncertification of urine drug screen, noncertification of clonazepam, certification of Opana ER, certification of Norco, certification of Lyrica, noncertification of Medrox, and noncertification of TGhot. A progress report dated November 26, 2013 identifies subjective complaints stating, "he complains of low back pain and bilateral foot pain. He states that he has been feeling good. He has not received the Opana and he no longer feels like he needs it. He is using Norco only as needed. He states that he is also walking well. He needs to have his gallbladder removed but overall he has improved significantly. The patient's pain right now is 8/10 is averaged 9/10 for the past one week. The patient's pain score with medication is 8/10 and without medication is 10/10." Objective examination findings identify normal vital signs. Diagnoses include lumbar radiculopathy status post lumbar fusion X2, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, and neuropathic pain. Treatment plan recommends urine drug screen to assess medication compliance and identify possible drug diversion, discontinue Opana ER, continue Norco, continue Lyrica, continued clonazepam "for muscle spasm", discontinue Medrox patch, discontinue TG popped, continue Ketofen. A progress report dated October 29, 2013 identifies, "at this time, the patient indicates that his weakness is getting worse and intermittently is not able to walk. He indicates that periodically either lower limb may get out. He is becoming dependent. He indicates that he has been placed in a retirement home because of his problems with ambulation. He indicates that he frequently has episodes in which he will have a sharp pain in his back and he will then fall." Objective examination findings identify, "the patient cannot heel walk or toe walk. His gate is

IMR ISSUES, DECISIONS AND RATIONALES

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

New Electric Scooter: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for electric scooter, Chronic Pain Medical Treatment Guidelines state that power mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair. Within the documentation available for review, there is no indication that the patient has any upper extremity weakness or deficits. Therefore, the patient would be able to power a manual wheelchair. Additionally, there is some concern regarding the patient's ability to use an electric wheelchair or power scooter safely. In the absence of clarity regarding those issues, the currently requested electric scooter is not medically necessary.

Urine Drug Test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for urine drug test, Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option to assess for the use or presence of illegal drugs. Guidelines also recommend the use of urine drug screen before initiating opiate therapy. Guidelines go on to recommend the use of urine drug screens for the ongoing use of opiate pain medication. Within the documentation available for review, the requesting physician has identified that the patient is using opiate pain medication. He goes on to state that the urine drug screen will be used to assess medication compliance and identify possible drug diversion. The request was previously denied due to a lack of documentation of indication for use, suggested risk of abuse or misuse, and reasoning behind the frequency of testing. These things have now been addressed, and are supported by guidelines. Therefore, the currently requested urine drug test is medically necessary.

Clonazepam, 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Regarding the request for Clonazepam, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the Clonazepam. Additionally, there is no indication that the Clonazepam is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Clonazepam is not medically necessary.

Medrox patch: Upheld

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

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

Decision rationale: Regarding request for Medrox, Medrox is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis arthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of capsaicin, guidelines state that it is recommended only as an option for patients who have not responded to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Finally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Medrox is not medically necessary.

TGHot 180 gms: Upheld

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

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

Decision rationale: Regarding request for TGHot, it is unclear what the constituents of the compounded medication TGHot might be. A search of the internet did not reveal a description of

this product. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended. It is impossible to determine whether the constituents of TGHot are supported by guidelines since there is no documentation indicating what they are. In the absence of clarity regarding that issues, the currently requested TGHot is not medically necessary.