MAXIMUS Federal Services

Case Number:	CM13-0029426		
Date Assigned:	11/01/2013	Date of Injury:	06/16/2009
Decision Date:	03/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/26/2013

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 patient with a date of injury of 6/16/09. A utilization review determination dated 9/3/13 recommends non-certification of cold/hot unit for lumbar spine, qualitative drug screen performed on 8/14/13, aquatic therapy 2 x 4, lumbar spine evaluation with a specialist, evaluation with internist to rule out liver and kidney toxicity due to medication use, cyclobenzaprine, Terocin pain patch, tramadol, Norco, Soma, Terocin (capsaicin/methyl salicylate/menthol/lidocaine), Flurbi(NAP) cream (flurbiprofen/lidocaine/amitriptyline), gabacyclotram (gabapentin/cyclobenzaprine/tramadol), genicin capsules (glucosamine), Somnicin capsules (melatonin/L-tryptophan/pyridoxine/magnesium), and Proove biosciences narcotic risk laboratory test to identify genetic risk factors for narcotic risk. An initial evaluation report dated 8/14/13 identified generalized low back pain radiating to the bilateral lower extremities 10/10 currently and, at best, 6/10. On exam, there is lumbar tenderness and hypertonicity of the paravertebral muscles bilaterally, limited ROM, positive SLR and Kemp's test bilaterally, and diminished sensation to light touch in the L4-S1 distributions on the left. Treatment recommendations included a hot/cold unit, qualitative drug screen, acupuncture, aquatic therapy, lumbar spine evaluation with a specialist, evaluation with an internist to rule out liver and kidney toxicity due to medication use, cyclobenzaprine, Terocin pain patch, tramadol, Norco, Soma, topical medications, Genicin capsules, Somnicin capsules, and a Proove Biosciences narcotic risk test. Prior reports note medications including hydrocodone/APAP, cyclobenzaprine, diclofenac, pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cold/Hot for Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), Cyotherapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs.

Decision rationale: Regarding the request for a cold/hot unit for lumbar spine, California MTUS and ODG do not specifically address the issue for the low back, although ODG supports cold therapy units for up to 7 days after surgery for some other body parts. For the back, CA MTUS/ACOEM and ODG recommend the use of cold packs for acute complaints. Within the documentation available for review, there is no documentation of a rationale for the use of a formal cold/hot therapy unit rather than the application of simple cold/hot packs at home. In the absence of such documentation, the currently requested cold/hot unit for lumbar spine is not medically necessary.

Qualitative Drug Screen performed on 8/14/13 quantity 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79; 99-127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a qualitative drug screen performed on 8/14/13, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the test was done at the time of the requesting provider's initial consultation with the patient and the patient had previously been utilizing controlled medications including hydrocodone. As it was the provider's initial visit with the patient, a urine drug screen is appropriate to establish a baseline and evaluate for appropriate medication use. In light of the above, the currently requested qualitative drug screen performed on 8/14/13 is medically necessary.

Aquatic Therapy 2x4 quantity 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy 2x4, CA MTUS Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment rather than participation in a land-based program of physical therapy and/or independent home exercise. In light of the above issues, the currently requested aquatic therapy 2x4 are not medically necessary.

Lumbar Evaluation with a Specialist Quantity 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Consultation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for lumbar evaluation with a specialist, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient is noted to be status post lumbar spine surgery with radicular symptoms/findings as well as positive MRI and EMG studies. Specialty evaluation may help identify potential conservative, interventional, and/or surgical treatment options that have not been considered as of yet in an effort to improve the patient's pain and function. In light of the above, the currently requested lumbar evaluation with a specialist is medically necessary.

Evaluation with Internits to Rule Over Liver and Kidney Toxicity due to medication use: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127.

Decision rationale: Regarding the request for evaluation with internist to rule out liver and kidney toxicity due to medication use, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, there is no documentation of any abnormal laboratory testing and/or a clear rationale for consultation in the absence of any clinical or laboratory evidence of liver and kidney toxicity. In light of the above issues, the currently requested evaluation with internist to rule out liver and kidney toxicity due to medication use is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it appears that the medication has been utilized for some time, but there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine is not medically necessary.

Terocin Patch Patch Box (10 patches) #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: Regarding request for Terocin pain patch, CA MTUS states that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence of such documentation, the currently requested Terocin pain patch is not medically necessary.

Tramadol 50mg #60: Upheld

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 of 127.

Decision rationale: Regarding the request for tramadol, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the patient was previously utilizing opioids in the form of hydrocodone, but there is no indication that opioids were improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. There was also no clear rationale presented for the use of multiple concurrent short-acting opioids. That said, opioids should not be abruptly discontinued, but there is no provision for modification of the current request. In light of the above issues, the currently requested tramadol is not medically necessary.

Norco 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/APAP), California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the patient was previously utilizing hydrocodone, but there is no indication that opioids were improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. There was also no clear rationale presented for the use of multiple concurrent short-acting opioids. That said, opioids should not be abruptly discontinued, but there is no provision for modification of the current request. In light of the above issues, the currently requested Norco is not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Regarding the request for Soma, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term (2-3 weeks) treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this sedating muscle relaxant is being prescribed for the short-term treatment of an acute exacerbation. In the absence of such documentation, the currently requested Soma is not medically necessary.

Terocin 240ml (Capsaicin 0.025% Methyl Salicylate 25%-Menthol 10%-Lidocaine 2.5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Terocin, California MTUS cites that capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has not been documented. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." That has also not been documented. Furthermore, it is supported only as a dermal patch. Finally, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Terocin is not medically necessary.

Flurbi(NAP) Cream-LA 180gms (Flurbiprofen 20%-Lidocream 5% Amitriptyline 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flurbi (NAP) cream, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Topical lidocaine is "Recommended for localized

peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." That has also not been documented. Furthermore, it is supported only as a dermal patch. Finally, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Flurbi (NAP) cream is not medically necessary.

Gabacyclotram 180gms Gabapentin 10%-Cyclobenzaprine 6%- Tramadol 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Gabacyclotram, California MTUS cites that muscle relaxants and antiepilepsy drugs are not supported by the CA MTUS for topical use. Additionally, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Gabacyclotram is not medically necessary.

Genicin #90 capsules (Glucosamine Sodium 500mg): 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), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50 of 127.

Decision rationale: Regarding the request for Genicin, California MTUS cites that glucosamine and chondroitin are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the documentation available for review, there is no documentation of any significant arthritis pain in this relatively young patient. In light of the above issues, the currently requested Genicin is not medically necessary.

Sominicin #30 Capsules(Melatonin 2mg-5HTP-L tryptophan 100mg-Pyridoxine 10mg Magnesium 50mg: 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), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: Regarding the request for Somnicin, California MTUS and ODG do not support the use of L-tryptophan, pyridoxine, or magnesium in the management of any of the patient's cited conditions. There is limited support for melatonin in the management of insomnia. Within the documentation available for review, there is no clear description of insomnia, failure of non-pharmacological treatment for this condition, and a clear rationale for the use of all of the components of this compound for this patient. In light of the above issues, the currently requested Somnicin is not medically necessary.