

Case Number:	CM13-0030757		
Date Assigned:	11/27/2013	Date of Injury:	07/24/2012
Decision Date:	03/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/30/2013

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 Family Practice 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.

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 35-year-old male who reported an injury on 07/24/2012. The patient was reportedly injured while trying to extract an inmate from a cell. The patient is diagnosed with lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, chronic pain related depression, prescription narcotic dependence, and chronic pain related sexual dysfunction. The patient was seen by [REDACTED] on 08/14/2013. The patient reported ongoing lower back pain as well as left elbow and wrist pain. Physical examination revealed diminished strength on the left, normal gait, slightly diminished lumbar range of motion, 5/5 motor strength, and intact sensation. Treatment recommendations included an initial urine drug screen, a 1 time saliva DNA test to assess the patient's predisposition to prescription narcotic addiction/dependence, initiation of prednisone 10 mg, TGHot ointment, Cidaflex, authorization for acupuncture twice per week for 3 weeks, and authorization for a TENS unit rental for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saliva DNA testing: 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): 42.

Decision rationale: The California MTUS Guidelines state cytokine DNA testing for pain is not recommended. There is no evidence to support the use of DNA testing for the diagnosis of pain, including chronic pain. The Official Disability Guidelines state genetic testing for potential opioid abuse is not recommended. Therefore, the current request cannot be determined as medically appropriate. As such, the request for Saliva DNA testing is non-certified.

Predisone 10mg: 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) Chronic Pain Chapter, Oral Corticosteroids.

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

Decision rationale: The Official Disability Guidelines state oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, and given their serious adverse effects, they should be avoided. Therefore, the current request is not medically appropriate. As such, the request for Predisone 10mg is non-certified.

TG hot ointment 180gm: 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 Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of neuropathic pain upon physical examination. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request for TG hot ointment 180gm is non-certified.

Cidaflex: Upheld

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

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

Decision rationale: The California MTUS Guidelines state glucosamine and chondroitin sulfate is recommended as an option given its low risk, in patients with moderate arthritis pain. As per the documentation submitted, the patient does not maintain a diagnosis of arthritis. Therefore, the current request is not medically appropriate. As such, the request for Cidaflex is non-certified.

Acupuncture low back QTY 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. There is no documentation of a significant musculoskeletal or neurological deficit. There is also no evidence that this patient's pain medication has been reduced or not tolerated. There is no indication that this patient is actively participating in a physical rehabilitation program. Based on the clinical information received, the request for Acupuncture low back QTY 6.00 is non-certified.

TENS unit (rental per week): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state transcutaneous electrical therapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. There is no indication that this patient is actively participating in a functional restoration program. There is also no evidence of a failure to respond to other appropriate pain modalities. There is no treatment plan including the specific short and long-term goals of treatment with the TENS unit submitted for review. Based on the clinical information received and the California MTUS Guidelines, the request for TENS unit (rental per week) is non-certified.

Nucynta 75mg QTY10.00: Upheld

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

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

Decision rationale: The Official Disability Guidelines state Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no documentation of intolerable effects or failure to respond to first line opioid therapy. Based on the clinical information received and the Official Disability Guidelines, the request for Nucynta 75mg QTY10.00 is non-certified.