

Case Number:	CM13-0033120		
Date Assigned:	12/06/2013	Date of Injury:	10/13/2004
Decision Date:	01/22/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/09/2013

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 Orthopedic Surgery 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:

The patient is a 45-year-old female injured in a work related accident on 10/13/04. The 08/02/13 progress report with treating physician, [REDACTED] indicated subjective complaints of neck pain with radiating bilateral upper extremity pain with associated numbness and tingling. Physical examination demonstrated a healed surgical scar with motor examination of the upper extremities revealing mild weakness with the interosseous muscles bilaterally, otherwise, 5/5. There was noted to be diminished light touch over the left forearm. It stated a urine drug screen was performed that date demonstrating no aberrant behavior or misuse of medications. The claimant is with the diagnosis of status post anterior cervical discectomy and fusion from C3 through C7 performed on 03/20/13 with bilateral upper extremity radiculopathy, low back pain with radiculopathy, fibromyalgia, anxiety, and depression. Recommendations at that time were for continuation of formal physical therapy three times a week for six week for upper extremity strengthening and use of a bone growth stimulator, and medications in the form of Medrox cream as well as further topical cream containing Gabapentin, Cyclobenzaprine, and Capsaicin. Referral was also made to an orthopedic surgeon for cervical bilateral upper extremity and lumbar complaints for follow up as well as a retrospective review of the urine toxicology screen performed on 08/02/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy of the bilateral upper extremities two to three (2-3) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Postsurgical Treatment Guidelines indicate that the role of postsurgical physical medicine treatment for up to six months of the postoperative course for 24 sessions. The claimant is noted to be nine months following anterior cervical discectomy and fusion. Given the claimant's timeframe from surgical intervention, the role of postoperative physical therapy would not be supported. Eighteen (18) additional sessions of formal physical therapy at this course of care would not be indicated.

Bone growth stimulator (rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back Procedure Summary and Aetna Clinical Policy Bulletins Number 0343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Procedure-Bone Growth Stimulators (BGS)

Decision rationale: The Official Disability Guidelines indicate that bone growth stimulators would be recommended for fusion involving more than one level. The claimant is now nine months following the time of cervical fusion surgery with no documentation of malunion or bony abnormality. The role of a bone growth stimulator at this subacute phase of the claimant's postoperative course would not be indicated.

Retrospective usage of Medrox cream: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that Medrox is a combination topical therapy medication that contains amongst other things Capsaicin. Capsaicin is only recommended as an option for patients who are intolerant or have not responded to first-line courses of treatment. Records would not indicate the need for Capsaicin in this case, due to the lack of conservative or first-line therapies that are not documented. This specific request would not be indicated.

Prospective usage of Medrox cream: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that Medrox is a combination topical therapy medication that contains amongst other things Capsaicin. Capsaicin is only recommended as an option for patients who are intolerant or have not responded to first-line courses of treatment. Records would not indicate the need for Capsaicin in this case, due to the lack of conservative or first-line therapies that are not documented. This specific request would not be indicated.

Retrospective usage of Gabapentin/Cyclobenzaprine/Capsaicin cream: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that Cyclobenzaprine and muscle relaxants are not recommended, as there is "no evidence for use of muscle relaxants as a topical product". The guidelines also indicate that the role of Gabapentin is also "not recommended" for use in the topical setting. This topical compound, thus, would not be supported.

Follow-up evaluation with an orthopedic surgeon (cervical, bilateral upper extremities, lumbar): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

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, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The ACOEM Guidelines indicate that the occupational 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Follow up assessment with an orthopedic physician of cervical bilateral upper

extremity and lumbar complaints would be supported by the guidelines. The treating physician continues to monitor this claimant, who is status post recent orthopedic procedure in the form of anterior cervical discectomy and fusion as well as complaints of bilateral upper extremity radiculopathy and lumbar pain. An orthopedic follow-up assessment would be indicated.

Retrospective (DOS: 08/02/13)/prospective review - Urine Toxicology Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The Chronic Pain Guidelines indicate, "Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed." The claimant was noted to be with multiple prior urine screens. No current indication of misuse has been documented. The dosage of the medication appears to have been well controlled at several prior clinical consultations. The acute need of the urine drug screen from 08/02/13 would not have been supported.

Prospective review - Urine Toxicology Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The Chronic Pain Guidelines indicate, "Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed." The claimant gives no clinical indication of current misuse or mal use of medications, and appears to be doing stable from the time of surgical intervention in March of 2013. Recent testing was noted to be negative on the August 2013 assessment. The continued role of urine drug screening at this short interval would not be indicated.