MAXIMUS Federal Services

Case Number:	CM13-0033526		
Date Assigned:	04/25/2014	Date of Injury:	07/05/2007
Decision Date:	06/11/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/10/2013

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 Family Medicine and is licensed to practice in Arizona. 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 45-year-old female with a date of injury on 7/5/2007. The diagnoses include lumbar facet hypertrophy, and multiple level disc protrusion with lumbar radiculopathy. Subjective complaint is of low back pain. Physical exam shows tenderness to lumbar paraspinal muscles with spasm, decreased lumbar range of motion, and decreased sensation L5-S1 on the right. The medications include Norco, Soma, gabapentin, and topical creams (Terocin, Flurbiprofen). Urine drug screen on 5/17/13 and 8/16/13 is documented in the medical records. The submitted documentation does not identify aberrant drug taking behavior or other evidence of risk factors for opioid abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Screening.

Decision rationale: The CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. The Official Disability Guidelines (ODG) recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For "low risk" patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. The patient is taking opioids, and there is documentation of two drug screens within a 6 month period in 2013. Therefore, repeat urine drug screening exceeds the guidelines recommendations and is not medically necessary.

GENETIC TESTING FOR NARCOTIC RISK: 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, Genetic Testing.

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

Decision rationale: The CA MTUS Guidelines are silent on Genetic testing. The Official Disability Guidelines (ODG) does not recommend genetic testing for potential opioid abuse. While there is a genetic component to addictive behavior, current research remains experimental in this area. Studies are inconsistent, with inadequate statistics and large phenotype range. Using these evidenced based guidelines, and the lack of documentation supporting the need for testing, the medical necessity of genetic testing is not established.

LUMBAR SACRAL ORTHOSIS BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The MTUS/ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Furthermore the physical examination at the office visit when the device was requested does not document any lumbar findings. There was no clinical documentation submitted that demonstrated evidence of why a back brace would be efficacious for this patient at this point in her treatment. Since lumbar support is only indicated in the acute phase of injury or surgery, this patient does not qualify due to the chronic nature of her complaints. Therefore, the request for lumbosacral back brace is not certified.

TOPICAL COMPOUNDS: Upheld

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

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

Decision rationale: Terocin is a compounded medication that includes methyl salicylate, menthol, lidocaine, and capsaicin. The CA Chronic Pain Guidelines clearly indicated that if the medication contains one drug that is not recommended the entire product should not be recommended. Topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain. No other commercially approved topical formulations of lidocaine are indicated. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylates have been demonstrated as superior to placebo for chronic pain to joints amenable to topical treatment. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, the medical records do not indicate the anatomical area for it to be applied. For Flurbiprofen cream, the CA MTUS indicates that topical non-steroidal anti-inflammatory drugs (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. The CA MTUS also indicates that topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support their use. Topical NSAIDs are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Due to Terocin and Flurbiprofen not being in compliance to current use guidelines, the requested prescription is not medically necessary.