

Case Number:	CM13-0039201		
Date Assigned:	12/18/2013	Date of Injury:	05/28/2003
Decision Date:	02/27/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/03/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant was injured on 05/28/2003 when a wheelchair was pushed backwards and her left knee. A 02/10/2012 medical report, ██████████ noted the patient remaining symptomatic without interval change with respect to the neck, left shoulder bilateral hands. Examination showed mild midline cervical tenderness, and spasm and tightness in the paracervical musculature. Range of motion (ROM) is reduced. There is pain on forward flexion. There is spasm in the upper trapezius and mid trapezius. Spurling's maneuver is positive. Compression test is negative. The right shoulder has full range of motion with pain at end range. There is increased distress with abduction and internal rotation. There is reduced grip strength. The treating provider requested chiropractic and a urine drug test. The patient has had many sessions of chiropractic therapy previously. ██████████ report dated 9/3/12 listed the above diagnoses/complaints. The treatment plan included topical medications and a "urine specimen was obtained today to monitor medication use". Follow-up with the psychiatrist was recommended, and authorization for the ██████████ weight loss program was pending. The urine drug screen was non-certified in a UR determination dated 10/19/12 since there was no documentation of medications being taken that would appear on a drug screen or that there were any red flags for drug abuse or other potential drug related problems. ██████████ report of 12/21/12 documented ongoing, basically' unchanged symptoms. The recommendation included repeat ECSWT for the right shoulder, chiropractic treatment 2x/wk x 6 weeks possible later consideration of a stellate ganglion block, additional compounded topical medication. The next report from ██████████ is dated 3/1/13. Symptoms and examination findings were ongoing and basically unchanged. An MRI of the right forearm showed evidence of a lipoma. There were noted to be reports of 1/14/13 and 1/21/13 for ECSWT for the right shoulder. Diagnosis was unchanged. ██████████ noted the ECSWT had been of no benefit. The patient reported that DC

treatment was the only thing keeping her condition stable and additional chiropractic treatment with physical therapy 2x/wk x 4 for the neck/right shoulder, hands/wrists, and forearm. A urine specimen was again obtained to monitor medication use. [REDACTED] provided ongoing psychiatric treatment/follow-up per his reports dated 5/23/13 and 7/25/13 for symptoms of anxiety/depression. He observed in the 7/25/13 report that the patient had lost 30 pounds but that she was experiencing an increase in hand/knee pain which required Tramadol 2- 3/day. No significant changes were reported when the patient was seen on 8/22/13. Medications included Effexor, Prilosec, Ativan occasionally, and Tramadol for pain. There is one additional report from [REDACTED] dated 8/26/13. The patient c/o continued mild to moderate neck pain along with bilateral UE radiculopathy predominantly on the right. Examination of the cervical spine was remarkable for paraspinal and spinous process tenderness, mild guarding with palpation over the trapezius; mild decreased flexion/extension. Diagnosis was unchanged. Continued conservative treatment was recommended. [REDACTED] commented that the patient was having continued mild neck pain as well as upper extremity radiculopathy. He noted that authorization for chiropractic treatment was pending and that he wished to withdraw that request and instead request authorization for physical therapy 2x/wk for 8 weeks consisting of ROM exercises and strengthening of the cervical spine and UEs. Transdermal creams were prescribed including Fluriflex (Fentanyl/Cyclobenzaprine) and T-Gel (Tramadol/Gabapentin/menthol/Camphor/Capsaicin). Another urine specimen was obtained to monitor medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 8 weeks to cervical spine and upper extremities: 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 Physical Medicine/Manual Medicine Page(s): 58,60.

Decision rationale: This patient has had a prior, ongoing course of chiropractic treatment w/o documentation of any significant efficacy. As noted in the prior UR determinations, there was no documentation that the chiropractic treatment had resulted in any significant efficacy. The current report documents local tenderness and decreased cervical ROM which is basically unchanged from prior exams -which further supports the absence of any significant efficacy of the chiropractic treatment. Given the fact that there is no documentation of any supervised physical therapy dating to early in 2012, the previous UR physician has approved a trial of 6 sessions of supervised physical therapy. Therefore the request for 16 sessions of physical therapy is not medically necessary.

Urinalysis: 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 Drug testing Page(s): 43.

Decision rationale: The urine drug screen was non-certified in a UR determination dated 10/19/12 since there was no documentation of medications being taken that would appear on a drug screen or that there were any red flags for drug abuse or other potential drug related problems. The reports from [REDACTED] indicate that he has previously obtained urine specimens for drug testing on 9/3/12, 3/11/13, and 8/26/13- despite the fact that at no time did he provide a list of oral medications being utilized by the patient (or even that she was taking any medications that would warrant drug testing or that there was any "red flag" or other indication for drug testing consistent with the parameters of the guidelines below. In addition, at no time has he documented the results of the previously obtained drug screens to indicate if there was an inconsistent result or evidence of medications/drugs not prescribed, or other evidence of abuse/addiction. Therefore the request for urine drug screen is not medically necessary.

FluriFlex (Flurbiprofen/Cyclobenzaprine 15/10%) cream #30gm: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The prospective request for FluriFlex (Flurbiprofen/Cyclobenzaprine 15/10%) cream #30gm, does not satisfy CA MTUS or ODG Guidelines. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed and the documentation provided for review did not describe well-demarcated neuropathic pain that has failed with the readily available oral agents such as antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support medical necessity. Also, it has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compounded topical formulations. Also the guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition topical Cyclobenzaprine and Flurbiprofen is not supported by the guideline.

TGIce (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2%) cream #30gm:
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) -TWC-Low Back (Lumbar and Thoracic)(Updated 12/27/2013)-Topical Analgesics.

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

Decision rationale: The prospective request for TGIce (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2%) cream #30gm, does not satisfy CA MTUS or ODG Guidelines. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of oral antidepressants or anticonvulsants have failed and the documentation provided for review did not describe well-demarcated neuropathic pain that has failed with the readily available oral agents such as antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support medical necessity. Also, it has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compound topical formulations. Also the guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended. In addition topical Tramadol and Gabapentin is not supported by the guideline.