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| Case Number: | CM13-0046773 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/26/1997 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 10/10/2013 |
| Priority: | Standard | Application Received: | 10/28/2013 |

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 Occupational Medicine 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 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:

This is a 65 year old female who has reported upper extremity, back and neck symptoms after an injury on 2/26/97. The diagnoses have included degenerative disc disease, low back pain. The treatment has included medications, physical therapy, injections, surgery, and prescriptions for prolonged disability. The current primary treating physician evaluated the injured worker on 6/19/13. There was widespread pain from the waist up. Current medications were ibuprofen, Zolpidem and Tramadol. The treatment plan included an interferential stimulation unit, a cold therapy unit, Naproxen, Pantoprazole, Cyclobenzaprine, Acupuncture, a urine drug screen, chiropractic/physical therapy modalities, and modified work. The urine drug screen was collected at that visit and tested for a vast array of substances, most of which had no apparent indication for this particular injured worker. On 8/21/13 the primary treating physician requested authorization for the services now under review. The same services were again requested on 12/4/13. The PR2 listed only wrist pain and tenderness, and the same work status. On 7/25/13, acupuncture 4 visits, chiropractic 8 visits, and a urine drug screen were certified. On 10/10/13 Utilization Review non-certified the items under the current Independent Medical Review. The California MTUS was cited in support of the decisions. These Utilization Review decision were appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TIMES 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the California MTUS recommendations for acupuncture, including the definition of "functional improvement". Medical necessity for any further acupuncture is considered in light of "functional improvement". Since the acupuncture visits were certified in July, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no evidence of a reduction in the dependency on continued medical treatment. No additional acupuncture is medically necessary based on lack of functional improvement as defined in the MTUS

CHIRO/OCCUPATIONAL THERAPY 2 TIMES 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation pages, Introduction, functional improvement, Physical Medicine P.

Decision rationale: Per the California MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. 8 visits were certified in July. Since that time, there are no reports which describe specific functional improvement as defined in the California MTUS. No additional manual and manipulative therapy is medically necessary based on the lack of functional improvement. The request appears to be for occupational therapy as well. Occupational therapy is not chiropractic care. The treating physician did not provide any specific components or modalities for "occupational therapy". The treating physician has not stated a purpose for the occupational therapy prescription. The injured worker has previously attended physical therapy and the treating physician did not discuss the results of prior physical therapy and the reasons why additional physical therapy or occupational therapy is necessary. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "occupational therapy" in cases of chronic pain is not sufficient. The occupational therapy is not medically necessary based on lack of a sufficient prescription, lack of sufficient clinical evaluation, and lack of emphasis on functional improvement.

URINE DRUG TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-80, 94. Decision based on Non-MTUS

Citation Other Medical Treatment Guideline or Medical Evidence: Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens

Decision rationale: Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the California MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the California MTUS. The test previously performed included many unnecessary tests, as many drugs with no apparent relevance for this patient were assayed. The collection procedure was not specified. The California MTUS recommends random drug testing, not at office visits or regular intervals. The details of testing have not been provided. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. Strict collection procedures must be followed, testing should be appropriate and relevant to this injured worker, and results must be interpreted and applied correctly. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program in accordance with the California MTUS, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.

**TOPICAL COMPOUND CREAM:
FLURBIPROFEN/CAPSAICIN/MENTHOL/CAMPBOR:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60, 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the California MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The California MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by OA or tendonitis. There is no good evidence supporting topical NSAIDs for axial pain. This patient is already taking an oral NSAID, making a topical NSAID duplicative and unnecessary, as well as possibly toxic. The treating physician did not provide any indications or body part intended for this NSAID. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the California MTUS. The topical agents prescribed are not medically necessary based on the California MTUS, lack of medical evidence, FDA approval, and inappropriate prescribing.

TOPICAL COMPOUND CREAM: KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the California MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The California MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS states that the only form of topical Lidocaine that is recommended is Lidoderm. The topical Lidocaine prescribed in this case is not Lidoderm. Per the California MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. This patient is already taking an oral NSAID, making a topical NSAID duplicative and unnecessary, as well as possibly toxic. Two topical NSAIDs were dispensed simultaneously, which is duplicative and unnecessary, as well as possibly toxic. Note that topical Ketoprofen is not FDA approved, and is not recommended per the California MTUS. The topical agents prescribed are not medically necessary based on the California MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.