

Case Number:	CM13-0047611		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2002
Decision Date:	02/24/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of March 8, 2002. A urine drug screen performed on September 26, 2012, was negative for bupenorphine, which is described as a prescribed medication. Additionally, the test is positive for phenobarbital, hydrocodone, and butalbital. A progress report dated November 5, 2012, indicates that the patient is prescribed Norco, Fioricet, and ketoprofen/lidocaine ointment. A progress report dated December 3, 2013 identifies subjective complaints of low back pain and right leg pain. The note indicates that the patient's pain is 5-6/10 with medication and 10/10 without medication. Objective examination identifies the results of the patient's urine drug screen performed on November 12, 2013. Diagnoses include lumbar radiculopathy, myofascial syndrome, lumbar herniated disc, chronic pain syndrome, cervical sprain and strain, tension headaches, and chronic pain related insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: Regarding the request for a urine drug test, the Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option. The guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it is clear the patient is on a controlled analgesic in the form of Norco. However, the requesting physician appears to be performing urine drug screens on nearly a monthly basis. Guidelines support the use of monthly urine drug testing for high risk patients only. There is no statement indicating why this patient would be considered to be at high risk for opiate misuse, abuse, or diversion. As such, the currently requested urine drug screen is not medically necessary at this time.

One intramuscular injection of 2cc of Vitamin B12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for a vitamin B12 complex intramuscular injection, the California MTUS guidelines are silent on this issue. The ODG states that vitamin B is not recommended. They go on to state that when comparing vitamin B with placebo, there is no significant short-term benefit in pain intensity. As such, the current request for vitamin B12 complex intramuscular injection is not medically necessary.

Aquatic therapy (6 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 22 and 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for 6 aquatic therapy sessions, the Chronic Pain Medical Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no statement indicating why the patient would require therapy in a reduced weight-bearing environment. Furthermore, there is no indication as to how many physical therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Additionally, there are no recent physical examination

findings identifying any objective deficits that are to be addressed with the requested aquatic therapy. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and why that would be insufficient to address any remaining objective deficits, should they exist. Therefore, the requested aquatic therapy sessions are not medically necessary at this time.

. Ketoprofen/Cyclobenzaprine compound ointment 240gm: Upheld

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

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

Decision rationale: Regarding the request for ketoprofen/cyclobenzaprine compound, the guidelines state that topical nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Regarding the request for topical cyclobenzaprine, the Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain) or specific objective functional improvement from the use of topical ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the ketoprofen is for short term use, as recommended by guidelines. Therefore, the requested ketoprofen/cyclobenzaprine topical compound is not medically necessary or appropriate.