

Case Number:	CM13-0055459		
Date Assigned:	12/30/2013	Date of Injury:	06/14/2013
Decision Date:	03/25/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain, chronic low back pain, chronic shoulder pain, wrist pain, and elbow pain reportedly associated with an industrial injury of June 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; medical foods; transfer of care to and from various providers in various specialties; attorney representation; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 15, 2013, the claims administrator denied a request for Theraflex and Biotherm while partially approving Dyotin (Neurontin). Urine drug screen was also partially certified as a 10-panel random urine drug screen for qualitative analysis. The applicant's attorney nevertheless appealed. An earlier clinical progress note of November 1, 2013 is sparse, notable for comments that the applicant is pending a right shoulder arthroscopy, and does report persistent shoulder pain with numbness and tingling about the right hand. The applicant reports heightened pain while sleeping on her shoulder. The applicant is about to undergo shoulder arthroscopy. The applicant is placed off of work, on total temporary disability. In a November 6, 2013 progress note, the attending provider sets forth a request for a topical Biotherm gel, Neurontin capsules, and a Theraflex topical compound which includes cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: 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)-- Treatment in Workers Comp (TWC) Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing topic

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly furnish a list of those drug tests and/or drug panels which he intends to test for alongside any requests for testing. The attending provider should also clearly state whether the drug testing is "for cause" or randomly. An attending provider should also attach an applicant's complete medication list to the request for testing. In this case, however, these criteria were not met. The attending provider did not specify the list of drug tests and/or drug panels which he was testing for, nor did he furnish the employee's medication list along with the request for testing. The attending provider did not, additionally, state which drug tests and/or drug panels he was testing for. Several ODG criteria for pursuit of drug testing have not been made. Therefore, the request is not certified.

Bio-Therm: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The exact ingredients and composition of this Biotherm gel have not been clearly detailed or described. The attending provider did write on a request for authorization that the gel contains salicylate but did not state what the other ingredients or components to the gel were. As noted on page 43 of the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are first-line palliative method. In this case, however, it is not clearly stated that oral pharmaceuticals had been tried and/or failed. The employee's usage of Neurontin seemingly obviated the need for topical agents such as Biotherm which are, according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." Therefore, the request is likewise not certified.

Theraflex: 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 and 113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are "not recommended" for topical compound formulation purposes. In this case, one of the ingredients in the compound, Flexeril, is a muscle relaxant. This is not recommended for topical compound formulation purposes, according to page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is likewise not certified.

Dyotin: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

Decision rationale: As noted on page 18 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin or Neurontin has been considered a first-line treatment for neuropathic pain. In this case, the employee does report complaints of shoulder and arm pain with associated numbness, tingling, paresthesias. Gabapentin or Neurontin is an appropriate treatment for the same. It is further noted that the employee is actively considering shoulder surgery. According to page 18 of the MTUS Chronic Pain Medical Treatment Guidelines, anticonvulsants such as gabapentin can also be employed for postoperative pain relief purposes. For all the stated reasons, then, the request for Dyotin (gabapentin) is certified, on Independent Medical Review.