

Case Number:	CM13-0056102		
Date Assigned:	12/30/2013	Date of Injury:	11/21/2012
Decision Date:	03/27/2014	UR Denial Date:	11/11/2013
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 low back pain, depression, anxiety, chronic shoulder pain, stomach pain, and sexual dysfunction reportedly associated with an industrial injury of November 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; a lumbar support; topical compound; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and manipulative therapy; and extensive periods of time off work. In a Utilization Review Report of November 1, 2013, the claims administrator approved a heating pad, partially certified 8 sessions of physical therapy, denied a request for manipulation, denied a lumbar support; denied a urine drug screen, and denied several topical compounds. The applicant's attorney subsequently appealed. On November 7, 2013, the applicant underwent epidural and neuroplasty procedures and facet joint blocks at L4-L5. On September 5, 2013, the attending provider writes that a prior epidural steroid injection was not diagnostic. The attending provider notes that the applicant's claim is apparently being disputed. On November 21, 2013, it is stated that the applicant is on Fioricet, tramadol, Naprosyn, and Prilosec. The applicant's work status is not clearly detailed on this date; however, an earlier handwritten note of November 11, 2013 is notable for comments that the applicant remains off work, on total temporary disability. An additional 12 sessions of chiropractic treatment, acupuncture, physical therapy, and extracorporeal shockwave therapy were all sought on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59-60.

Decision rationale: As noted on pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines, up to 24 sessions of manipulative therapy can be supported for those applicants who successfully achieved and/or maintained successful return to work following introduction of the same. In this case, however, the applicant remains off work, on total temporary disability, despite having completed unspecified amounts of manipulative therapy over the life of the claim. Continued manipulative therapy is not indicated, given the applicant's failure to return to any form of work. Accordingly, the request is not certified, on Independent Medical Review.

BACK/BRACE SUPPORTS: 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), Low Back Chapter, Lumbar supports.

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

Decision rationale: As noted on page 301 of the MTUS-adopted ACOEM Guidelines in Chapter 12, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, however, the applicant was clearly outside of the acute phase of symptom relief as of the date of utilization review report, November 11, 2013. The applicant was approximately one year remote from the date of injury as of this point in time. Continued usage of a lumbar support was not indicated. Therefore, the request is not certified, on Independent Medical Review.

URINE DRUG SCREEN: 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, 8th Edition, 2010.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic 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 frequency with which to perform urine drug testing, however. The ODG Chronic Pain Chapter Urine Drug Testing topic does state that an attending provider should clearly furnish an applicant's complete medication list and/or medication profile along with any request for testing and state when the last time an applicant was tested. An attending provider should also clearly state which drug test and/or drug panel he intends to test for along with any request for testing. In this case, however, these criteria were not met. The applicant's complete medication list was not provided on any recent office visit. The attending provider did not state which drug test and/or drug panel he was testing for. Therefore, the request is not certified, on Independent Medical Review.

TRAMADOL-GABAPENTIN-CYCLOBENZAPRINE-LIDOCAINE CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither gabapentin nor cyclobenzaprine is recommended for topical compound formulation purposes. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

FLURBIPROFEN-CAPSAICINE-MENTHOL-CAMPHOR CREAM 10/0.025/2/1% (120MG): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28,111.

Decision rationale: As noted on page 20 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin, one of the ingredients in the compound here, is not recommended except as a last-line agent, in those individuals who have not responded to and/or are intolerant of other treatments. In this case, however, the attending provider noted on September 5, 2013 that the applicant was reportedly using several oral pharmaceuticals, including Ultracet, Naprosyn, Fioricet, etc., effectively obviating the need for the capsaicin containing topical compound. The unfavorable recommendation of capsaicin results in the entire compound's carrying unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is likewise not certified, on Independent Medical Review.