

Case Number:	CM13-0071363		
Date Assigned:	05/07/2014	Date of Injury:	08/28/2009
Decision Date:	08/26/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/27/2013

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:

The injured employee is a man who states that he sustained a work-related injury on August 28, 2009. The exact mechanism of injury is unknown. Recent medical record dated December 4, 2013 stated the injured employee complained of foot pain, knee pain, and upper back pain. There are also complaints of continued depression. The physical examination on this date noted for lumbar range of motion and knee range of motion from 10 to 90degrees. There was tenderness at the medial and lateral aspects of the knee noted. The utilization management review, dated December 24, 2013, stated that acupuncture, chiropractic care, urine drug screening and compounded medications of flurbiprofen/capsaicin/menthol/camphor as well Ketoprofen/Cyclobenzaprine/lidocaine compounds were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE THERAPY x 8 LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of functional improvement.

Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. Medical necessity for any further acupuncture is considered in light of functional improvement. Since the completion of the previous acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. Work status is unchanged. 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. Therefore, the request is not medically necessary.

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: None of the physician reports discusses the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the 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 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. Two topical NSAIDs were dispensed simultaneously (Flurbiprofen and Ketoprofen), which is duplicative and unnecessary, as well as possibly toxic. 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. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the patient does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This patient has not received adequate trials of other treatments. 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 MTUS Guidelines. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

URINE TEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Opioid contracts: (9) Urine drug screens may be required Opioids, steps to avoid misuse/addiction Page(s): 77-80, 94, 43, 77, 78, 89, 94.

Decision rationale: The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. The results of prior tests were not discussed. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. The primary treating physician has not provided any evidence of an opioid therapy program. The treating physician has not listed any other reasons to do the urine drug screen. The tests already performed included many unnecessary tests, as many drugs with no apparent relevance for this patient were assayed. The collection procedure was not specified. The MTUS recommends random drug testing, not at office visits or regular intervals. 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. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program, the multiple prior urine drug screens performed and not discussed, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.

CHIROPRACTIC THERAPY X 8, LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the 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. The MTUS states that maintenance manipulation is not recommended. Care in this is prescribed and provided over the course of many months, which implies maintenance care rather than care for flare-ups, which would occur infrequently and unpredictably. The MTUS recommends a maximum course of chiropractic of 6-8 weeks. Treatment has already been given for more than 8 weeks. The treating physician has not provided any evidence of functional improvement to date, and has not discussed the results of any of the chiropractic treatment already provided. No additional manual and manipulative therapy is medically necessary based on the lack of functional improvement after more than 6 visits to date. Therefore, the request is not medically necessary.

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 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 MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm and is not recommended. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place patients at an unacceptable risk of seizures, irregular heartbeats and death. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. Two topical NSAIDs were dispensed simultaneously (Ketoprofen and Flurbiprofen), which is duplicative and unnecessary, as well as possibly toxic. Note that topical Ketoprofen 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 topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.