

Case Number:	CM13-0072241		
Date Assigned:	01/17/2014	Date of Injury:	02/01/2003
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 patient is a 68-year-old female who was injured on 02/01/2003, while she was at the cash register and was trying to help a customer, she twisted and turned to get a pack of cigarettes and immediately felt pain and a tearing sensation to her lower back, upper extremities and right knee. Diagnostic studies reviewed show the patient undergoing a total knee replacement in May of 2006. In 2007, the knee hardware was completely removed because of infection that could not be controlled. The pain management evaluation, date of exam is unknown, documented that the patient experienced a constant stabbing pain with burning sensation. She does not feel much pain in her leg, but the spacer in her leg hurts. The patient's pain is 6/10 now and has averaged 8/10 over the preceding week. The main complaint today is right knee pain with instability and inability to walk. The patient is in obvious severe condition. She has no quality of life. Her physical function is extremely poor. She is dependent on prescription narcotics for pain relief. Despite the medications the patient is on, she is still in pain. Subsequently, she would need to undergo the NESP-R Program for chronic pain patients, which included narcotic detoxification to ultimately reach maximum medical improvement. Therefore, the plan will be: 1. Request authorization for an initial urine drug screen, 2. Request authorization for one time saliva DNA testing to assess the patient's predisposition, if any to prescription narcotic addiction/dependence, 3. OxyContin 20 mg one (1) twice a day (bid), #60; 4. Flexeril 10 mg one (1) three times a day (tid), #90; 5. Cymbalta 60 mg one (1) daily (qd); 6. Start Keto/Gaba/Lido Compound Ointment transdermally; and 7. Gaia Herbal laxative. The progress report 2 (PR-2) dated 12/09/2013, documented the patient with complaints of low back pain and bilateral knee pain. She states that she is doing well with her current medications. She was out of town for two (2) weeks and forgot to bring her Flexeril, and she had experienced increased pain and spasm without Flexeril. The patient's pain score is 6/10 and without pain medication it is 8/10. The industrial diagnoses

include: 1. Chronic pain syndrome, 2. Dysthymic disorder, 3. Internal derangement of knee, 4. Lumbago, 5. Morbid Obesity, 6. Neuralgia, 7. Organic insomnia, and 8. Unspecified drug dependence. The patient is stable with her current protocol. She was traveling for a couple of weeks and did not have her Flexeril or ointment with her. She will be home for now so she can get back on her medication schedule. Therefore, the treatment plan will be to: 1. Request authorization for urine drug screen; 2. Refill OxyContin 20 mg; 3. Refill Cymbalta 60 mg; 4. Refill Flexeril 10 mg; 5. Refill Keto/Gaba/Lido Compound Ointment; and 6. Resume Motrin 800 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SALIVA DNA TEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), GENETIC TESTING FOR POTENTIAL OPIOID ABUSE.

Decision rationale: According to the Official Disability Guidelines, genetic testing for potential opioid abuse is not recommended. Current research is experimental in terms of testing for genetic testing. Studies are inconsistent, with inadequate statistics and large phenotype range. Routine or periodic urine toxicology screens should be obtained on patients maintained on chronic opioids. According to the medical records, the patient is a candidate for weaning or detoxification from opioids due to the lack of benefit despite the use. The request for DNA testing is not considered appropriate or medically necessary.

FLEXERIL 10 MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL; 1/2), PAGE(S) 41; MUSCLE RELAXANTS (FOR PAIN) Page(s): 41, 63.

Decision rationale: The Chronic Pain Guidelines indicate that Flexeril is recommended as a short course of therapy only. Muscle relaxants should be considered as a second-line option. There is no objective evidence of muscle spasms on examination or an acute exacerbation. The medical records indicate chronic use of the muscle relaxant without documented benefit. The chronic use of muscle relaxants is not recommended. This medication is not recommended to be used for longer than two to three (2-3) weeks. The medical necessity of Flexeril is not established.

KETO/GABA/LIDO COMPOUNDED OINTMENT: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that Gabapentin is not recommended in topical formulations. There is no support to use gabapentin in a topical form. Ketoprofen is not FDA-approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Lidocaine is indicated for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an antiepileptic drugs (AED) such as gabapentin or Lyrica). There is no evidence of neuropathic pain. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, the requested topical compound is not supported as medically necessary.