

Case Number:	CM14-0100191		
Date Assigned:	07/30/2014	Date of Injury:	04/13/2010
Decision Date:	09/03/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 Anesthesiology, 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 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 worker is a 50 year old female who has had a long history of low back pain. A clinical note dated 04/13/10 indicated the initial injury occurred in 2002 as a result of work related injuries. The injured worker previously underwent chiropractic manipulation, physical therapy, and operative procedure to address bilateral carpal tunnel syndrome symptoms. The injured worker was recommended for epidural steroid injection. The utilization review dated 05/30/14 resulted in denials for compounded medications, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and urine toxicology screen as insufficient information was submitted supporting these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, a transcutaneous electrical nerve stimulation (TENS) unit is indicated for injured workers with

continued ongoing continued pain despite completion of all conservative treatment. The injured worker complained of low back pain. The injured worker underwent conservative treatment in the remote past. No information was submitted regarding recent completion of any formal therapeutic interventions. Given this, the request is not indicated as medically necessary.

TG HOT (TRAMADOL 8%, GABAPENTIN 10%, MENTHOL 2%, CAMPHOR 2%, CAPAICIN 0.05%): Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California MTUS, Food and Drug Administration (FDA), and Official Disability Guidelines (ODG) require that all components of a compounded topical medication be approved for transdermal use. There is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary.

FlurFlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 gm to be applied to areas of complaints.: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration (FDA), and Official Disability Guidelines (ODG) require that all components of a compounded topical medication be approved for transdermal use. There is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

12 sessions of Physical Therapy two (2) times a week for six (6) weeks, cervical spine, bilateral shoulders, left hand and thumb.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Neck and Upper Back Chapter, Physical therapy (PT).

Decision rationale: The injured worker complained of pain at several sites. However, no updated information was submitted in the clinical documentation indicating more current symptomology that warrants the need for ongoing formal therapy. Without updated information this request is not indicated as medically necessary.

Urine toxicology 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, urine toxicology screen is indicated for injured workers who have ongoing use of opioid therapy, demonstrated aberrant behaviors, or have been identified as being at risk for drug misuse. The injured worker had a long history of low back pain. No information was submitted regarding ongoing opioid therapy or aberrant demonstration of aberrant behaviors or drug misuse. Therefore, the request is not medically necessary.