

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0108022 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 03/01/2002 |
| <b>Decision Date:</b> | 10/28/2014   | <b>UR Denial Date:</b>       | 07/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/11/2014 |

### 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 General Surgery and is licensed to practice in Tennessee. 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:

This injured worker is a 58 year old female with a reported date of injury of March 01, 2002. Mechanism of injury is back injury sustained while performing the duties of her occupation. Diagnoses of thoracic or lumbosacral neuritis or radiculitis unspecified (724.4). Primary treating physician progress report, dated December 03, 2013, indicates the injured worker is status post lumbar spine surgery and fusion on October 22, 2013. She was noted as utilizing a walker at this visit, with her left leg being wobbly. She reported ongoing cramping in the left calf and quite a bit of pain in the right knee. At this visit she has a four degree anterior antalgic list unweighting the facets and a two degree right antalgic list unweighting the left lower extremity. Range of motion and other testing not performed at this visit. Neurologic Surgeon office note, dated December 18, 2013, indicates she reported her pain was subsiding and only had to take occasional analgesic, she was experiencing slight left leg weakness and some residual low back pain. Primary treating physician office note, dated January 2, 2014, indicates the patient is using a cane to support the right leg. Reports her right leg continues to feel wobbly and some numbness on the bottom of the left foot. Left leg pain has resolved. The injured worker's work status, at this office visit, is to remain on temporary disability for an additional three months. Office visit noted, dated June 10, 2014, not included in documentation provided. Noted therapy order, dated June 11, 2014, for PT evaluation and treatment for diagnoses of osteoarthritis of the knee and joint pain in the knee. Request for Tramcap C and Diflur Lotion #120, Urine Drug Screen and Additional Physical Therapy x 3- Low Back not noted in the documentation provided. Primary treating physician's progress report, dated July 8, 2014, indicates the injured worker reports she is having better pain control of lower back in response to pain medication. She reports more pain in the right hip than in the lumbar spine, continues to complain of ongoing numbness in the right leg radiating into the right lateral calf then the great toe, at times has

numbness in small toes bilaterally and bilateral heels and reports right calf cramping intermittently. Using cane intermittently and noted as walking with a limp favoring the right lower extremity. Reports good relief from NSAIDS for arthritic pain in her injured areas. The work status for the injured worker, at this visit, is continued total temporary disability for an additional two months. Prior utilization review denied request for Tramcap C and Diflur Lotion #120, Urine Drug Screen and Additional Physical Therapy x 3- Low Back on July 2, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Tramcap C and Diflur Lotion #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics

**Decision rationale:** No active ingredients in Tramcap C or Diflur #120 are recommended in ODG guidelines and therefore according to ODG guidelines cannot be deemed medically necessary. The only NSAID approved for topical analgesia is Diclofenac and this is recommended for only certain anatomical areas and is not effective ubiquitously.

#### **Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic), Urine Drug Testing

**Decision rationale:** Urine drug screen from 06/11/2014 does not reveal drug dependency or abuse but conversely reveals non-compliance as UDS was negative for opioids as well as gabapentin. Despite being on therapy, patient is most likely either non-compliant or selling opioids if prescription was filled. This UDS may be used to develop a pain contract with the patient. Any immediate additional UDS tests before said contract are not medically necessary. Given the low dose of narcotics the patient was on withdrawal should not be an issue. ODG guidelines lists the indications for UDT as cited above.

#### **Additional Physical Therapy x 3- Low Back: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), Chronic Pain, Clinical Measures, Allied Health Interventions, Physical Therapy (electronically sited)

**Decision rationale:** According to medical records patient was approved for Physical Therapy on 07/10/14 and received an initial evaluation on 07/14./14. There is no further documentation in the medical records regarding the patient's benefit, progression or lack thereof to the approved physical therapy treatments. According to ACOEM guidelines "Factors influencing the number of visits needed include the content of prior treatment, their response to prior treatment, their retention of information and exercises they were taught". According to ODG guidelines "It is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed" therefore, additional physical therapy is not medically necessary given the records provided.