

Case Number:	CM14-0015818		
Date Assigned:	03/03/2014	Date of Injury:	01/26/2012
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation, 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 patient is a 49-year-old with a date of injury of January 26, 2012. The listed diagnoses per [REDACTED] are: C5-C6, C6-C7 cervical radiculopathy; L4-L5, L5-S1 disk herniation with bilateral lower lumbar radiculopathy; Status post lumbar spine fusion July 27, 2013; Cervical spine discopathy per x-rays. According to December 20, 2013 progress report by [REDACTED], the patient presents with ongoing pain to his low back and is status post lumbar fusion in July 2013. Treater states the patient is doing well thus far noting benefit with care. He recently began physical therapy and aquatic therapy with benefit. Treater states the patient needs further care and treatment which will include prescription refill of topical transdermal creams as well for further benefit of pain relief. The treater is requesting additional aquatic therapy for the lumbar spine 2 x 4, FluriFlex cream, TGICE, and a urinalysis to monitor medication compliance. Utilization review denied the request on January 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED AQUATIC THERAPY FOR THE LUMBAR SPINE (2 X 4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, AQUATIC THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS page 22 on aquatic therapy.

Decision rationale: This patient presents with ongoing low back pain. It was noted that he recently began physical therapy and aquatic therapy "with benefit." Treater is requesting additional 2 x 4 aquatic therapy. The Chronic Pain Medical Treatment Guidelines recommends aquatic therapy as an option for land-based physical therapy in patients that would benefit from decreased weight bearing such as extreme obesity. For duration of treatment, the Chronic Pain Medical Treatment Guidelines under physical medicine recommends nine to ten sessions for various myalgia and myositis type symptoms. The exact number of aquatic therapy received to date is unclear. However, treater indicates the patient received "benefit" from prior aquatic therapy. In this case, this patient does not present with any restriction that would benefit for weight reduction exercises. The request for continued aquatic therapy for the lumbar spine, twice weekly for four weeks, is not medically necessary or appropriate.

FLURIFLEX (FLURBIPROFEN 15%/CYCLOBENZAPRINE 10%) 180GM CREAM:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Fluriflex cream includes Flurbiprofen and cyclobenzaprine.

Decision rationale: This patient presents with ongoing pain to his low back. The treater is requesting a topical cream FluriFlex. Fluriflex cream includes Flurbiprofen and cyclobenzaprine. The Chronic Pain Medical Treatment Guidelines has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." For Flurbiprofen, the Chronic Pain Medical Treatment Guidelines states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs (non-steroidal anti-inflammatory drugs) had been shown in the meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. Furthermore, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. The request for Fluriflex (flurbiprofen 15%/cyclobenzaprine 10%) 180gm cream, is not medically necessary or appropriate.

TCI CE (TRAMADOL 8%/GABAPENTIN 10%/MENTHOL 2%/CAMPBOR 2%) 180GM CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines The MTUS Guidelines p 111.

Decision rationale: This patient presents with ongoing low back pain. The treater is requesting TGICE which includes Tramadol, gabapentin, menthol, and camphor. The Chronic Pain Medical Treatment Guidelines has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." The Chronic Pain Medical Treatment Guidelines further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin is not recommended as a topical formulation. Therefore, the entire compounded formulation is not recommended. The request for Tcice (tramadol 8%/gabapentin 10%/menthol 2%/camphor 2%) 180gm cream is not medically necessary or appropriate.

URINALYSIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, SCREENING FOR RISK OF ADDICTION (TESTS),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Drug testing (MTUS pg 43) Recommended as an optio. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen: Criteria for Use of Urine Drug Testing Urine drug tests may be subject to specific drug screening statutes and regulations based on state and local laws, and the requesting clinician should be familiar with these. State regulations may address issues such as chain of custody requirements, patient privacy, and how results may be used or shared with employers.

Decision rationale: The treater is requesting a urinalysis to be performed to "monitor medication compliance." While the Chronic Pain Medical Treatment Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug testing following initial screening with the first six months for management of chronic opiate use in low risk patients. The medical file indicates the patient had a urine analysis on March 28, July 17, and August 16, 2013. The results of these urine drug screen tests were consistent with the medications prescribed. On December 20, 2013 the treater requested another screening. It is unclear as to why the treater is requesting such frequent testing. Once yearly is sufficient for low risk patients. The request for urinalysis is not medically necessary or appropriate.