

Case Number:	CM14-0122309		
Date Assigned:	08/06/2014	Date of Injury:	10/15/2013
Decision Date:	09/15/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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:

This is a patient with a date of injury of 10/15/13. A Utilization Review determination dated 7/25/14 recommends that topical medications, IF unit, hot/cold unit, and localized intense neurostimulation therapy for the lumbar spine (LINT) were not medically necessary. Acupuncture was modified from 12 sessions to 6 sessions and urine toxicology was modified to a 10-panel qualitative analysis with confirmatory laboratory testing only on inconsistent results x 1. It references a 7/14/14 medical report identifying pain in the neck, chest, left arm, and left leg has improved, but head and back symptoms persist. On exam, there is tenderness in the bilateral frontal area of the head, tenderness in the paraspinal muscles, sacroiliac joint, sciatic notch, posterior iliac crests, and gluteal muscles, with spasms and trigger points. Range of motion is decreased and there is a positive straight leg raise on the right at 45 degrees. Strength in the right lower extremity is 4/5. Sensation is decreased in the right anterolateral thigh, anterior knee, and medial leg/foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% 210gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% 210 gm, California MTUS notes that Gabapentin is not supported for topical use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% 210 gm is not medically necessary.

Flurbiprofen 20% Tramadol 20% 210gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flurbiprofen 20% Tramadol 20% 210 gm, California MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain, as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Flurbiprofen 20% Tramadol 20% 210 gm is not medically necessary.

Acupuncture Evaluation and Treatment for the Thoracic and Lumbar Spine #12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is noted that the utilization reviewer modified the request from 12 sessions to 6 sessions. While there is support for an initial trial of 6 sessions in the management of chronic pain, there is, unfortunately, no provision for modification of the current request. In light of the above, the currently requested acupuncture is not medically necessary.

Interferential Unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120 of 127.

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria, if interferential stimulation is to be used anyway, include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then a one-month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation outlined above. Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request to allow for a trial. In light of the above issues, the currently requested interferential unit is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Decision based on Non-MTUS Citation Official Disability Guidelines: urine drug test (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99.

Decision rationale: Regarding the request for urine toxicology, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no indication that the patient is taking drugs of potential abuse or a plan to prescribe such medications. There is also no documentation of current risk stratification. In light of the above issues, the currently requested urine toxicology is not medically necessary.