

Case Number:	CM14-0158890		
Date Assigned:	10/24/2014	Date of Injury:	03/19/2014
Decision Date:	12/03/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

This is a patient with a date of injury of March 19, 2014. A utilization review determination dated September 19, 2014 recommends non-certification of CMP, CBC, x-ray left SI joint, TENS, lumbar brace, cane, topical creams, anesthesiology consultation/treatment, and urine toxicology. The September 11, 2014 medical report identifies low back and left hip pain radiating down leg to calf. Hearing problem on the right began one week ago. When she chews, the right side of her face and neck hurts. On exam, SLR causes back pain at 30 degrees on the left. Unable to tolerate Gaenselen's test maneuver. Adaptive myofascial muscle shortening on the hamstring. Tenderness with palpation on left PSIS. Antalgic gait, short strike distance and stance phase on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baseline Labs of CMP and CBC: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: Regarding the request for baseline labs of CMP and CBC, CA MTUS does support the use of monitoring patients utilizing NSAIDs with routine CBC and chemistry profile (including liver and renal function tests) testing. Within the documentation available for review, there is no documentation that the patient is taking oral NSAIDs and the topical NSAID is not medically necessary. There is also no documentation identifying another rationale for the use of the requested testing. In light of the above issues, the request is not medically necessary.

X-Ray's with SI view of Left Sacroiliac Joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 (ODG) Hip and Pelvis Chapter, X-Ray

Decision rationale: Regarding the request for x-rays with SI view of left sacroiliac joint, the California MTUS Guidelines do not address the issue. The Official Disability Guidelines supports x-rays of the hip/pelvis in patients sustaining a severe injury and for identifying patients with a high risk of development of hip osteoarthritis. Within the documentation available for review, there is no indication of recent trauma, any positive provocative SI joint maneuvers, or another rationale for x-rays of the SI joint. In light of the above issues, the currently requested X-rays with SI view of left sacroiliac joint are not medically necessary.

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial and, unfortunately, there is no provision for modification of the request to allow for a one-month trial. In light of the above issues, the currently requested TENS unit is not medically necessary.

Lumbar Brace (1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Regarding the request for lumbar brace, ACOEM Practice Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, the patient is well beyond the acute stage of relief and there is no documentation of a pending/recent spine surgery, spinal instability, compression fracture, or another clear rationale for a brace in the management of this patient's chronic injury. In the absence of such documentation, the currently requested lumbar brace is not medically necessary.

Cane Right Hand (1): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 (ODG), Hip Chapter, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: Regarding the request for a cane, California MTUS Guidelines do not address the issues. The Official Disability Guidelines states that assistive devices are recommended to assist with ambulation for patients with arthritis. Within the documentation available for review, there is no documentation of hip arthritis. The patient is noted to have an antalgic gait, but no clear indication of an ambulation deficit such that an assistive device is required. In light of the above issues, the currently requested cane is not medically necessary.

Topical Compound Cream: Cyclobenzaprine 10%, Gabapentin 10% 4gm (top bid-tid): Upheld

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

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

Decision rationale: Regarding the request for topical compound cream cyclobenzaprine/gabapentin, the Chronic Pain Medical Treatment Guidelines state that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants and gabapentin are not supported by the guidelines 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 request is not medically necessary.

Topical Compound Cream: Flurbiprofen 20% 4gm (top bid-tid prn): Upheld

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

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

Decision rationale: Regarding the request for topical compound cream cyclobenzaprine/gabapentin, Chronic Pain Medical Treatment Guidelines state that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants and gabapentin are not supported by the guidelines 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 request is not medically necessary.

Anesthesiology Consultation/Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: Regarding the request for anesthesiology consultation/treatment, California MTUS Guidelines do not address this issue. The ACOEM Practice Guidelines supports a consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no clear rationale presented for an anesthesiology consultation. Furthermore, open-ended and nonspecific requests for 'treatment' are not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the request is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test, the 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. The Official Disability Guidelines 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. Guidelines also note that laboratory confirmation is supported only when there is an inconsistent result with point of contact testing. Within the documentation available for review, there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. Furthermore, it appears that the request includes laboratory confirmation, which is not indication unless there is an inconsistent result with point of contact testing. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the request is not medically necessary.