

Case Number:	CM14-0172786		
Date Assigned:	10/31/2014	Date of Injury:	10/09/2002
Decision Date:	12/16/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 9, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated October 8, 2014, the claims administrator denied a gabapentin containing topical compounded cream, denied a Ketoprofen containing topical compounded cream, denied a tramadol containing topical compounded cream, denied Flexeril, denied Prilosec, denied a weight loss program, denied an epidural injection, and denied a urine toxicology screen. The claims administrator stated that the applicant did not have compelling evidence of radiculopathy so as to support the proposed epidural injection. The claims administrator did not, however, state whether or not the applicant had previously had epidural steroid injection therapy or not. Lumbar MRI imaging of July 23, 2014 was notable for multilevel disk protrusions of 3 mm at L4-L5 and L5-S1 generating associated left and right nerve root compromise. In a handwritten progress note dated October 7, 2014, the applicant reported ongoing complaints of low back pain was not working, it was acknowledged and was receiving both [REDACTED] and [REDACTED] benefits. The applicant was on Xanax, Flexeril, and tramadol, it was acknowledged, along with several topical compounded medications, including the Gabapentin, Ketoprofen, and Tramadol containing topical compounds at issue. Epidural steroid injection therapy and a weight loss program were endorsed. It was stated that the applicant had gained 80 pounds since the date of injury and now weighed 267 pounds. The applicant's height and BMI were not, however, provided. There was no explicit mention of radicular pain; it was incidentally noted, on this date, as the applicant was described as having

low back pain alone. In an August 26, 2014 progress note, it was stated that the applicant stood 5 feet 8 inches tall and weighed 267 pounds. It was stated that the applicant was receiving [REDACTED]. It was noted that the applicant had a lumbar degenerative disk disease at L4-L5 with 3-mm herniation's at L4-L5 and L5-S1 with associated nerve root impingement. Several topical compounded medications, urine drug testing, Xanax, Flexeril, tramadol, and weight loss program were endorsed while the applicant was kept off of work, on total temporary disability. It was further noted that the applicant was severely depressed. It was again stated that the applicant had complaints of moderate low back pain. 5/5 lower extremity strength was noted with intact sensorium about the bilateral lower extremities. Again, there was no mention of lumbar radicular complaints on this visit, either. On July 15, 2014, the applicant presented reporting ongoing complaint of low back pain radiating into the right leg. The applicant was off of work and was receiving [REDACTED] benefits, it was acknowledged. The applicant was using tramadol, Flexeril, Xanax, Prilosec, and several topical compounded creams, all of which were apparently renewed. Repeat MRI imaging and electrodiagnostic testing were sought. In a Medical-legal Evaluation of February 3, 2010, it was acknowledged that the applicant had last worked in 2002. In a psychiatric Medical-legal Evaluation of February 3, 2010, it was acknowledged that the applicant had last worked in October 2002. The applicant had a variety of issues, including low back pain radiating into the right leg with paresthesia about the same. The applicant also had issues with insomnia, depression, anxiety, hopelessness, and venous varicosities. The applicant had reportedly filed for bankruptcy in 2005, it was acknowledged. There was no mention of the applicant having had prior epidural steroid injection on this date. On October 23, 2008, another Medical-legal evaluator suggested that he was hesitant to recommend epidural steroid injections owing to the applicant's diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective, Topical cream Gabapentin (unknown prescription): Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound in question, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Prospective, topical cream Ketoprofen (unknown prescription): Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Prospective, topical cream Tramadol (unknown prescription): 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 Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including oral tramadol and oral Flexeril, effectively obviates the need for the tramadol containing topical compound. Therefore, the request is not medically necessary.

Prospective, Prilosec 20mg #90: 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 NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the attending provider's handwritten progress notes failed to contain any mention, reference, or allusion to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

Prospective, Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is in fact using a variety of oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Prospective, weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann intern Med 2005 Apr 5;142(7): 525-31.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of individual risk factors, such as weight loss, may be "less certain, more difficult, and possibly less cost effective." In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue. The attending provider's handwritten progress notes do not detail, expand, or expound upon the applicant's efforts to lose weight of his own accord (if any). Therefore, the request is not medically necessary.

Prospective, one (1) epidural injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does indicate that epidural steroid injections are recommended as an option in the treatment of radicular pain, in this case, the attending provider's handwritten progress notes of October 7, 2014 made no mention of issues with radicular pain but simply alluded to the applicant's having ongoing issues with axial low back pain. Similarly, an earlier note of August 26, 2013 also suggested that the applicant had "moderate" axial low back pain. There was no mention of any issues with radicular symptoms or radicular signs on this office visit, either. The attending provider did not, furthermore, state whether or not this request was a first-time request for epidural steroid injection therapy or whether the applicant had had prior epidural steroid injections in the handwritten progress note on which this and other articles at issue were sought. Therefore, the request is not medically necessary.

Prospective, urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly identify when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, state what drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the [REDACTED] [REDACTED] when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. In this case, however, the attending provider did not clearly state when the applicant was last tested. The attending provider did not state what drug test and/or drug panels he intended to test for. The handwritten progress notes in question do not clearly identify the applicant's complete medication list. Since several ODG criteria for pursuit of testing were not seemingly met, the request is not medically necessary.