

Case Number:	CM14-0180381		
Date Assigned:	11/05/2014	Date of Injury:	10/30/2013
Decision Date:	12/10/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 40-year old female who was injured on 10/30/2013 as she caught her shoulder on a door and twisted her back. She was diagnosed with thoracic strain and thoracic neuritis/radiculitis. She was treated with multiple oral and topical medications, including opioids. She was also treated with chiropractor treatments and physical therapy. On 10/15/14, the worker was seen by her pain specialist reporting chronic and constant back pain with associated weakness, stiffness, and muscle spasms rated at 10/10 on the pain scale that day and 8/10 on the pain scale on an average day. Physical findings suggested pain was radicular, following the T6-7 nerve root distribution. Spurling's test was positive on the right, there was facet tenderness on the thoracic spine, and there was mild decreased sensation along T6-7 dermatomes. She was recommended she get a urine drug screen, start a compounded pain cream, take gabapentin, get an epidural steroid injection in the thoracic spine, and continue her other medications, which included Celebrex and Prilosec. Although opioids and muscle relaxants were seen as being used by the worker in previous documentation, there was no mention of opioids or muscle relaxants being taken by the worker in the 10/15/14 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Gabapentin/Baclofen/Cyclobenzaprine/Bupivacaine/Lidocaine/Fluticasone Cream (DGBCBLF): Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Baclofen is a medication that is not recommended by the MTUS for topical use, due to lack of peer-reviewed literature to support its use. Any combination product that contains at least one drug (or drug class) that is not recommended is not recommended. The worker in this case was recommended a combination topical product which included multiple agents, including Baclofen. Therefore, due to at least one ingredient (Baclofen) being present in this combination product, the entire product is not medically necessary.

Thoracic T6/T7 Epidural Steroid Injection Under Fluoroscopic Guidance: Upheld

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

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

Decision rationale: the MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, 2. initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs, and muscle relaxants), and 3. Injections should be performed using fluoroscopy for guidance, 4. If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections, 5. No more than two nerve root levels should be injected using transforaminal blocks, 6. No more than one interlaminar level should be injected at one session, 7. in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, and 8. Current research does not support series-of-three injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there physical findings suggest a possible thoracic radiculopathy, however, this was not corroborated with MRI imaging or Electrodiagnostic testing as far as what the reviewer could find in the documents included for review, which did not include reports from either of these tests. Since this is required before considering an epidural injection, it is therefore, not medically necessary.

Urine Toxicology Screen: 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), UDS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, AND Opioids, Page(s): 43; 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. There was no evidence found in the case of this worker that she showed signs of abuse, addiction, or a history of abnormal behavior that would suggest she needed drug testing on a regular basis. Also, there was no evidence found the progress note at the time of the request showing she had been using any potentially addictive medications (opioids, etc.). Also, prior requests for drug screening in the worker's case seem to be not warranted as there was no evidence to justify its use. Therefore, the retrospective as well as the more recent request for drug screening both are not medically necessary.

Retro - Urine Toxicology Screen: 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 cite any medical evidence for its decision.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. There was no evidence found in the case of this worker that she showed signs of abuse, addiction, or a history of abnormal behavior that would suggest she needed drug testing on a regular basis. Also, there was no evidence found the progress note at the time of the request showing she had been using any potentially addictive medications (opioids, etc.). Also, prior requests for drug screening in the worker's case seem to be not warranted as there was no

evidence to justify its use. Therefore, the retrospective as well as the more recent request for drug screening both are not medically necessary.