

Case Number:	CM14-0184856		
Date Assigned:	11/12/2014	Date of Injury:	05/01/2014
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/06/2014

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 & 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:

The injured worker is a 56 year-old female with a date of injury of May 1, 2014. The patient's industrially related diagnoses include lumbar spine sprain/strain with radiculitis, right hip sprain/strain, right hip internal derangement per medical records, degenerative joint disease, right hip osteoarthritis, right knee and ankle sprain/strain, and right foot plantar fasciitis. The disputed issues are continuation of physical therapy for 12 sessions, Omeprazole 20mg, Fluriflex 180/240 gram, TGHOT 180/240 gram, and urine toxicology testing. A utilization review determination on 10/20/2014 had non-certified these requests. The stated rationale for the denial of physical therapy was: "The patient notes that physical therapy helps to decrease her pain and tenderness. However, there is no explicit documentation of functional improvement with previous therapy sessions, such as increased activity of daily living or reduced work restrictions. Furthermore, the completed therapy sessions to date should have provided ample time to transition the patient into a dynamic home exercise program to further address any ongoing deficits." The stated rationale for the denial for the denial of Omeprazole was: "There is no documentation of GI distress symptoms." The stated rationale for the denial of Fluriflex and TGHOT was: "They are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anticonvulsants, which is not documented in this case. There is also no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis." Lastly, the stated rationale for the denial of the urine toxicology testing was: "There is no documentation of the dates of the previous drug screening over the past 12 months, nor what those results were and any potential related actions taken.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy Qty: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: In regard to the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. In the submitted medical records available for review, the treating physician documented that physical therapy helped to decrease the injured worker's pain and tenderness, but there was no documentation of objective functional improvement. In the progress report dated 9/19/2014, the treating physician documented that the injured worker already completed 17 sessions of physical therapy and requested an additional 12 sessions for the lumbar spine and right lower extremity, but there was documentation of any specific objective treatment goals. Furthermore, there was no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for physical therapy x 12 sessions is not medically necessary.

Omeprazole 20 MG Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs)

Decision rationale: Omeprazole 20mg (Prilosec) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The following criteria is used to determine if a patient is at risk for gastrointestinal events: "1) age > 65 years; (2) history of peptic ulcer, GI bleeding, or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the submitted medical records available for review, there was no indication that the injured worker had complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. The injured worker is prescribed Naproxen 550mg but merely taking a nonselective NSAID does not warrant a proton pump inhibitor as per the Chronic Pain Medical

Treatment Medical Guidelines. In the absence of such documentation, the currently requested Omeprazole 20mg #60 is not medically necessary.

Fluriflex 180/240 Gram: 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: Fluriflex is compounded formulation of Flubiprofen and Cyclobenzaprine. The Chronic Pain Medical Treatment Guidelines on page 111 state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. Regarding topical Cyclobenzaprine, guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical Cyclobenzaprine, the currently requested Fluriflex 180/240 gram is not medically necessary.

TGHot 180/240 Gram: 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: TGHot is a compounded formulation of Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin. The Chronic Pain Medical Treatment Guidelines on page 111 state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. Regarding topical Gabapentin, the guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical Gabapentin, the currently requested TGHot 180/240 gram is not medically necessary.

Urine Toxicology Testing: Upheld

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

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

Decision rationale: In regard to the request for a urine toxicology testing, CA MTUS Chronic Pain Medical Treatment Guidelines state that 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. In the submitted medical records available for review, there was documentation that the treating physician had recently performed a urine drug test and in the progress report dated 9/19/2014, requested another urine toxicology test. The previous urine toxicology testing performed on 6/27/2014 was negative for everything. Furthermore, the treating physician did not document that the injured worker was taking controlled substances and there was no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. There was no statement indicating why this patient would be considered to be high risk for opiate misuse, abuse, or diversion. In light of these issues, the currently requested urine drug test is not medically necessary.