MAXIMUS Federal Services

Case Number:	CM14-0032805		
Date Assigned:	07/21/2014	Date of Injury:	09/25/2012
Decision Date:	08/26/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 62-year-old female with a date of injury of 09/25/2012. The listed diagnoses per [redacted] are:1. Cervicalgia.2. Neck sprain/strain.3. Lumbar sprain/strain.4. Bilateral shoulder internal derangement.5. Left elbow internal derangement.According to progress report 01/15/2014 by [redacted], the patient complains of constant neck pain that radiates to the upper extremity. The patient is utilizing oral and topical medications with no side effects. Pain without medications is 7/10 and with medications, 0-4/10. Topical medications increased sleep and decreased oral medication intake. Objective findings indicate decreased range of motion of the cervical spine and bilateral shoulder. Lumbar spine revealed decreased range of motion with positive straight leg raise on the right. Request for authorization from 02/18/2014 requests "drug screen, followup every 4 to 6 weeks with [redacted], topical and oral medications as per PR2." Utilization review denied the request on 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective qualitative urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Urine Drug Screen.

Decision rationale: This patient complains of constant neck pain that radiates to the upper extremity. The treating physician is requesting a qualitative drug screen to evaluate for medication management and/or ongoing medication therapy. While MTUS Guidelines do not specifically address how frequent Urine Drug Screen (UDS) should be obtained for various risks of opiate users, (ODG) Official Disability Guidelines Guidelines provide clearer recommendation. ODG recommends 2 to 3 times a year urine screen for inappropriate or unexplained results in moderate risk patients. Utilization review denied the request stating the patient has "been subjected to half a dozen drug screens by [redacted] and no evidence of abuse." Utilization Review (UR) modified approval for "a point of contact immunoassay test only, without laboratory confirmation." In this case, the medical file provided for review includes progress reports from 12/26/2013 to 01/15/2014. There is no indication that the patient has been administered a UDS in 2014. ODG allows for once yearly screening for low risk patients. Given the patient's use of opioids, a Urine Drug Screen (UDS) at this time is within guidelines and the request medically necessary and appropriate.

Oral medications (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient complains of constant neck pain that radiates to the upper extremity. This is a request for "oral medaication per PR2." Review of PR2s prior to RFA 2/18/14 do not provide a list of medications. There is a progress report from 11/06/2013 that indicates the patient is taking Norco, omeprazole, and utilizing Terocin patches. It is not clear if these are the medications that are being requested. MTUS page 8 has the following: "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health." In this case, recommendation cannot be made as the treater does not specifically list which medications are to be refilled. The request is not medically necessary and appropriate.

Topical medications (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient complains of constant neck pain that radiates to the upper extremity. The treating physician is requesting refill of topical medication Terocin Cream. Terocin cream includes capsaicin, menthol Salicylate, Menthol, and Lidocaine. The treating physician states in his report on 01/15/2014 that topical medications increase sleep and help to decrease oral medication intake. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The request is not medically necessary and appropriate. The treating physician is requesting refill of topical medication Flurbi Cream. Flurbi (Nap) cream includes Flurbiprofen, Lidocaine, and Amitriptyline. The treating physician states in his report on 01/15/2014 that topical medications increase sleep and help to decrease oral medication intake. For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. In addition, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The request is not medically necessary and appropriate. The treating physician is requesting refill of topical medication Gabacyclotram. Gabacyclotram includes Gabapentin, cyclobenzaprine, and tramadol. The treating physician states in his report on 01/15/2014 that topical medications increase sleep and help to decrease oral medication intake. The MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Furthermore, Gabapentin is not recommended as a topical formulation. The request is not medically necessary and appropriate.

Follow up every 4-6 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient complains of constant neck pain that radiates to the upper extremity. The treating physician is requesting followup every 4 to 6 weeks. Utilization review denied the request stating there is no "clear rationale for the currently requested pain medicine follow-up." ACOEM, ch 12, Low Back, Pg 303, has the following regarding Follow-up Visits:

"Patients with potentially work-related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." In this case, given the patient's chronic pain follow up visits are medically necessary and appropriate.