

Case Number:	CM14-0037237		
Date Assigned:	07/25/2014	Date of Injury:	03/31/1996
Decision Date:	09/11/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/27/2014

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 March 31, 1986. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier cervical discectomy and fusion surgery; unspecified amounts of physical and aquatic therapy over the course of the claim; topical compounds; and dietary supplements. In a Utilization Review Report dated March 4, 2014, the claims administrator partially certified a request for 12 sessions of aquatic therapy as six sessions of aquatic therapy, denied a request for genetic testing, denied urine drug testing, denied several topical compounds, denied dietary supplements, approved a pain management consultation, denied a knee MRI, and denied a spine surgery consultation, despite the fact that the applicant had earlier undergone cervical spine surgery. The applicant's attorney subsequently appealed. On February 20, 2014, the applicant presented with multifocal neck and back pain. The applicant had a stent in her heart, it was noted. The applicant carried diagnosis of chronic neck pain, myofascial pain, low back pain, ulnar neuropathy, and chronic pain syndrome. The applicant was status post epidural steroid injection therapy. The applicant had already been given permanent work restrictions through a medical-legal evaluator, it was stated. Norco and Soma were endorsed. On January 23, 2014, the applicant's treating provider suggested that the applicant was disabled from her former employment. Norco and Soma were again endorsed. The applicant did undergo a cervical fusion surgery on October 10, 2013. Various dietary supplements and compounded formulations were later endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 12 sessions (3X4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic,Aquatic therapy topic Page(s): 99,22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable, in this case, however, it is not clearly not clearly evident that reduced weightbearing is, in fact, desirable here. For example, on the February 20, 2014 office note, the applicant's gait was not described. There was no mention or statement of the applicant's being a poor candidate for weightbearing exercises or weightbearing activities. Similarly, on January 23, 2014, the applicant's gait, once again, was not described. It does not appear, in short, that the applicant has a condition or conditions for which reduced weightbearing is desirable. It is further noted that the 12-session course of treatment proposed by the attending provider does, in and of itself, represent treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis present here. No rationale for treatment in excess of MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.

Genetic Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Pain Chapter Genetic testing for Opioid abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain topic Page(s): 42.

Decision rationale: As noted on page 42 of the MTUS Chronic Pain Medical Treatment Guidelines, there is no current evidence to support usage of DNA testing for the diagnosis of chronic pain, including chronic pain. No rationale for pursuit of genetic testing in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

Urine Drug screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic 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 the ODG Chronic Pain Chapter, Urine Drug Testing topic, it is incumbent upon the attending provider to furnish an applicant's complete medication list along with the request for authorization for testing. An attending provider should also clearly state which drug tests and/or drug panels he intends to test for. An attending provider should also state when the last time an applicant was tested. In this case, however, none of the aforementioned criteria were met. It was not stated when the applicant was last tested. It was not clearly stated what drug tests and/or drug panels were being sought here. The applicant's complete medication list was not attached to the request for authorization for testing. Therefore, the request is not medically necessary.

Xolido cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to support provision of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the xolido agent in question. Therefore, the request is not medically necessary.

Terocin Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines

deems largely experimental topical compound such as the Terocin cream in question. Therefore, the request is not medically necessary.

Flurbi Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction and/or ongoing usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical analgesics such as the flurbiprofen containing agent in question. Therefore, the request is not medically necessary.

Somncin: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, dietary supplements, complementary treatments, and/or alternative treatment such as Somnicin are not recommended in the treatment of chronic pain as they have not been shown to produce any meaningful benefits or favorable functional outcomes in the treatment of the same. In this case, no applicant-specific information or medical evidence was furnished so as to offset the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

Laxacin: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/senna.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using

opioids. In this case, the applicant is, in fact, using an opioid medication, Norco. Concurrent provision of a laxative agent, such as Laxacin, an amalgam of Colace and sennosides, is indicated. Therefore, the request is medically necessary.

Gabaclotran: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline Pain Chapter.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the principal ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: While the MTUS-Adopted ACOEM Guidelines in Chapter 13, Table 13-2, pages 335 and 336 do support MRI imaging to confirm various diagnoses, such as patellar tendonitis, an ACL tear, PCL tear, meniscal derangement, and/or collateral ligament tear, MRI imaging, per ACOEM, however, is generally recommended only when surgery is being actively considered or contemplated. In this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical remedy insofar as the knee is concerned. The applicant's multifocal low back, neck, mid back, elbow, wrist, and other complaints, seemingly suggest, conversely, that the applicant is not intent on pursuing any kind of surgical remedy insofar as the knee is concerned. The applicant's left knee issues were only incidentally described on a February 20, 2014 office visit. Therefore, the request is not medically necessary.

Referral to Spine Surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has ongoing complaints of neck and low back pain. The applicant is status post earlier cervical spine surgery. Obtaining the added expertise of a spine surgeon to determine what the next steps in the applicant's management are (if any) is indicated. Therefore, the request is medically necessary.