

Case Number:	CM14-0043723		
Date Assigned:	07/02/2014	Date of Injury:	09/21/2004
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 male who reported an injury on 09/21/2004. The mechanism of injury was not specifically stated. The current diagnoses include elbow epicondylitis, significant left shoulder impingement, cervical discopathy, and lumbar sprain/strain. The injured worker was evaluated on 03/12/2014 with complaints of persistent pain over multiple areas of the body. The injured worker also reported urinary frequency and difficulty. The physical examination revealed mild torticollis bilaterally, positive head compression testing, positive Spurling's maneuver, exquisite tenderness and spasm, painful cervical range of motion, diminished biceps reflex, diminished strength in the upper extremities, diminished sensation at the dorsum of the hand, bilateral elbow effusion, tenderness at the bilateral medial epicondyle, positive Tinel's testing in the bilateral hands, diffuse forearm tenderness without specific swelling, mildly decreased sensation in the upper extremities, paralumbar tenderness, a positive straight leg raising test, limited and painful range of motion of the lumbar spine, palpable muscle spasm, decreased sensation in the lower extremities, and diminished strength. A urine specimen was obtained in the office on that date. X-rays of the lumbar and cervical spine were also obtained. Treatment recommendations included a compounded cream, a urology consultation, wrist splints, and a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot (Tramadol 8%/ gabapentin 10%/ menthol 2%/ camphor 2%/ capsacian 0.05% cream 180g. bid: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. As such, the request is not medically necessary.

Urology Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no documentation of a significant medical history or physical examination findings demonstrating a urological condition to support a specialty referral at this time. As the medical necessity has not been established, the request is not medically necessary.

X-ray 1/2 view lumbar (retrospective DOS 3/12/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Plain X-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. As per the documentation submitted, there is no evidence of an acute exacerbation or a suspicion for red flags. Therefore, the medical necessity has not been established. As such, the request is not medically necessary.

X-ray 2 view Cervical (retrospective DOS: 3/12/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Plain x-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. As per the documentation submitted, there was no evidence of a progression or worsening of symptoms, nor evidence of any red flags for serious pathology. Therefore, the medical necessity has not been established. As such, the request is not medically necessary.

Urinalysis (retrospective DOS 3/12/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): : 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there was no mention of noncompliance or misuse of medication. There was also not indication that this injured worker falls under a high risk category that would require frequent monitoring. As such, the request is not medically necessary.