

<b>Case Number:</b>	CM14-0047992		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 July 11, 2012. 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; topical compounds; and unspecified amounts of physical therapy. In a Utilization Review Report dated March 17, 2014, the claims administrator approved request for Motrin and tramadol while denying a TENS unit, Prilosec, a topical compound, and a urine drug test. The claims administrator incidentally noted that the applicant had been injured in an electrocution injury. The applicant's attorney subsequently appealed. Urine drug testing of December 17, 2013 was reviewed and did include testing for 10 different benzodiazepines metabolites, seven different opioid metabolites, and 10 to 15 different opioid metabolites. On November 11, 2013, the applicant was described as reporting mid and low back pain. The applicant is using Motrin and Vicodin for pain relief. It was acknowledged that the applicant was not presently working. Electrodiagnostic testing, MRI imaging, a TENS unit, further physical therapy, tramadol, Motrin, Prilosec, and Fluoroflex were all endorsed. In the review of system sections of the report, the applicant was described as specifically denying issues with dysphagia, nausea, indigestion, or abdominal pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of TENS topic Page(s): 116.

**Decision rationale:** The request is submitted as a purchase, per the claims administrator. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage and/or purchase of a TENS unit beyond one month trial should be predicated on evidence of a favorable response with the same, in terms of both pain relief and function. In this case, however, the attending provider seemingly sought authorization to purchase the device without having completed the requisite precursor trial. Therefore, the request is not medically necessary.

**Prilosec 20 mg, quantity 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular disease Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Prilosec to combat NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. The applicant was described as specifically having a negative gastrointestinal review of systems on the date the article in question was requested, November 11, 2013. Therefore, the request is not medically necessary.

**Fluriflex (flurbiprofen 15%/cyclobenzaprine 10%), quantity 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Topical Analgesics Page(s): 111, 113.

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are 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.

**Urine test, quantity 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 77-78, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic.ODG Chronic Pain Chapter, Urine Drug Testing topic Page(s): 43.

**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 frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, an attending provider should state when the last time an applicant was tested prior to requesting drug testing. The attending provider should also attach the applicant's complete medication list to the request for authorization for testing and state which drug tests and/or drug panel he intends to test for. The attending provide should, furthermore, conform to the best practices of the United States Department of Transportation (DOT) representing the most legally defensible means of performing testing. In this case, however, the attending provider did not state when the applicant was tested. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not state what drug tests and/or drug panels he was selecting and/or why. Finally, earlier drug testing suggested that the attending provider had tested in the past in a non-standard manner, one which included multiple opioid and benzodiazepine metabolites and also included quantitative testing. This did not conform to the best practices of the United States Department of Transportation. Therefore, the request is not medically necessary.