

Case Number:	CM14-0050940		
Date Assigned:	08/08/2014	Date of Injury:	09/15/1999
Decision Date:	09/16/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 neck pain, low back pain, knee pain, knee arthritis, and trigger finger reportedly associated with an industrial injury of September 15, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; left and right carpal tunnel release surgeries; at least one trigger finger release surgery; knee arthroscopy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 27, 2014, the claims administrator denied a request for Tizanidine, Gabapentin, several topical compounds, an orthopedic re-evaluation, and a urine drug screen. The applicant's attorney subsequently appealed. In a May 19, 2014 progress note, the applicant reported multifocal complaints of neck, low back, and knee pain, ranging from 6 to 8-1/2 over 10. The applicant was using Restoril, AppTrim, Norco, Neurontin, Condrolite, Nuvigil, and several topical compounds. The attending provider acknowledged that the applicant was not working and exhibited an antalgic gait requiring usage of a cane. The applicant's left knee was described as very weak. Eight sessions of acupuncture were sought while the applicant was asked to continue Transdermal creams. The applicant was asked to follow up for re-evaluation. Permanent work restrictions were renewed which the applicant's employer was apparently unable to accommodate. On May 1, 2014, the applicant was described as having persistent complaints of pain ranging from 7-1/2 to 9/10 with numbness about the hands. The attending provider stated that medication usage was helping but did not state what activities of daily living have specifically been ameliorated with ongoing medication usage. The applicant was still using a cane, it was acknowledged. The applicant was not working, it was further noted, and apparently weighed 257 pounds. Norco and Neurontin were endorsed. In a pain management note dated February 25, 2014, the applicant reported 7-8/10 pain with medications and 10/10 pain without

medications. The applicant has had difficulty performing activities of daily living as basic as self-care, personal hygiene, and ambulating, it was stated. Multiple medications were refilled. On March 7, 2014, the applicant was again described as having highly variable pain ranging from 7-10/10. The applicant was placed off of work, on total temporary disability, on this occasion. Tizanidine, Neurontin, topical compounds, and urine drug testing were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine # 90 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7,66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine is FDA approved in the management of spasticity and can be employed off labeled for low back pain, as is present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The applicant continues to report 7-8/10 pain, even with ongoing medication usage, is having difficulty performing activities of daily living as basic as standing, walking, ambulating, etc. All of the above, taken together, suggest that ongoing usage of Tizanidine has not been altogether beneficial. Therefore, the request is not medically necessary.

Gabapentin #90 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, however, the fact that the applicant is off of work, on total temporary disability, and continues to remain highly dependent on various other forms of medical treatment, including opioids, acupuncture, a cane, etc., taken together, suggests that ongoing usage of Gabapentin has not been altogether beneficial, as does the applicant's ongoing reports of pain as high as 7-8/10.

Fluriflex Cream: Upheld

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

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

Decision rationale: One of the ingredients in the cream is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

TG hot Cream: Upheld

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

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 usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as the TG hot cream at issue. Therefore, the request is not medically necessary.

Ortho Re- Eval: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, page 341, the frequency of an applicant's follow-up visit should be dictated by an applicant's work status. In this case, the applicant is off of work. Periodic follow-up visits with the attending provider are therefore indicated. Accordingly, the request is medically necessary.

Retro Urine drug test: 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 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 ODG's Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, attempt to stratify an applicant into higher or lower-risk categories for which more or less frequent testing might be indicated, and, furthermore, clearly state which drug tests and/or drug panels he intends to test for. In this case, however, the attending provider did not state what drug tests and/or drug panels were being sought. The attending provider did not state when the applicant was last tested. The attending provider did not attach the applicant's medication list to the request for authorization for testing. Therefore, the request was not medically necessary.