

Case Number:	CM14-0056423		
Date Assigned:	07/09/2014	Date of Injury:	07/12/2012
Decision Date:	09/10/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/25/2014

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 Family 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:

This is a 37-year-old male who reported an industrial injury on 7/12/2012, over two years ago, attributed to the performance of his customary job tasks. The patient is status post lumbar decompression at L4-L5 and L5-S1 with DLS 11/1/2012 along with a repeated decompressive surgery on 3/5/2013. The patient was established as permanent stationary on 12/13/2013. The patient is been treated for chronic pain. The patient complains of continued low back pain. The patient has been recommended to titrate down and off the prescribed opioids. The objective findings on examination included 4+/5 strength and numbness along the left S1 dermatome; questionable SLR; slightly antalgic gait; decreased lumbar spine range of motion; tenderness to palpation lumbar spine; unable to toe walk. The treatment plan included a left shoulder evaluation; Menthoderm ointment; cyclobenzaprine 7.5 mg #60; and tramadol ER #60. The patient was provided a urine drug screen on 3/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation chapter 6 page 127.

Decision rationale: This is a 37-year-old male who reported an industrial injury on 7/12/2012, over two years ago, attributed to the performance of his customary job tasks. The patient is status post lumbar decompression at L4-L5 and L5-S1 with DLS 11/1/2012 along with a repeated decompressive surgery on 3/5/2013. The patient was established as permanent stationary on 12/13/2013. The patient is been treated for chronic pain. The patient complains of continued low back pain. The patient has been recommended to titrate down and off the prescribed opioids. The objective findings on examination included 4+/5 strength and numbness along the left S1 dermatome; questionable SLR; slightly antalgic gait; decreased lumbar spine range of motion; tenderness to palpation lumbar spine; unable to toe walk. The treatment plan included a left shoulder evaluation; Mentherm ointment; cyclobenzaprine 7.5 mg #60; and tramadol ER #60. The patient was provided a urine drug screen on 3/19/2014.

Retrospective Mentherm Ointment, Apply Up To Twice Per Day, 120ml On 3/19/2014:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications; topical analgesics Page(s): 22, 67-68; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; pain chapter.

Decision rationale: The prescription for Mentherm topical ointment (Methyl Salicylate 15.0% Analgesic and Counterirritant) is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. It is not clear that the topical medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no documented optional improvement from the use of the Mentherm topical ointment. The use of topical NSAIDS is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDS. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDS. The request for Mentherm topical ointment is not medically necessary for the treatment of the patient for the diagnosis of reported chronic pain. The use of the topical creams/gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Mentherm topical ointment not supported by the applicable ODG guidelines as cited below. The continued use of topical NSAIDS for the current

clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. The prescription for Methoderm topical ointment is not medically necessary for the treatment of the patient's back and shoulder complaints. The prescription of Methoderm topical ointment is not recommended by the California MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate-noting the specific comment that There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic back and shoulder pain.

Retrospective Cyclobenzaprine 7.5mg, 1 Tablet 3 Times Daily #60 On 3/19/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation chronic pain chapter 2008 page 128; muscle relaxants;Official Disability Guidelines (ODG) pain chapter-medications for chronic pain, muscle relaxants, cyclobenzaprine.

Decision rationale: The prescription for Flexeril (cyclobenzaprine) 7.5 mg prn #60 is recommended for the short term treatment of muscle spasms and not for the long term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long term basis contrary to the recommendations of the California MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the California MTUS, the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic neck, back, and shoulder pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence based guidelines. The California MTUS states that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 7.5 mg #60 for the effects of the industrial injury.

Retrospective Tramadol Hcl ER 150mg, 1 Capsule 1 Time Daily #60 On 3/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official disability guidelines ,treatment for worker compensation ,pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section pain chapter-chronic pain medications; opioids.

Decision rationale: The prescription for Tramadol 150 mg #60 for short acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic shoulder and back pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the left shoulder and lower back. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and California MTUS do not recommend opioids for the long term treatment of chronic lower back and shoulder pain. The chronic use of Tramadol is not recommended by the California MTUS; the ACOEM Guidelines or the Official Disability Guidelines for the long term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic back or shoulder pain. The prescription of opiates on a continued long term basis is inconsistent with the California MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is consistent with evidence based guidelines based on intractable pain. The prescription of Tramadol 150 mg #30 with is not demonstrated to be medically necessary. There is no demonstrated medical necessity for more than OTC medications.

Retrospective Urine Drug Screen date of service 3/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability guidelines , pain chapter ,Urine Drug testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines opioids for chronic pain; opioids Page(s): 80-82; 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; drug testing; opioids screening for risk of addiction; urine drug testing.

Decision rationale: The patient has been ordered a urine toxicology screen without any objective evidence to support medical necessity. The performed test was based on policy and not medical necessity. The qualitative urine drug screen was performed/ordered as a baseline study based on office procedure for all patients without any objective evidence or rationale to support medical necessity. The screen is performed routinely without objective evidence to support

medical necessity or rationale to establish the criteria recommended by evidence based guidelines. The diagnoses for this patient do not support the use of opioids as they are not recommended for the cited diagnoses. There is no demonstrated medical necessity for a urine toxicology screen and it is not clear the provider ordered the urine toxicology screen based on the documented evaluation and examination for chronic pain. There was no rationale to support the medical necessity of a provided urine toxicology screen based on the documented objective findings. There is no demonstrated medical necessity for the provision of a urine drug screen for this patient based on the provided clinical documentation and the medications prescribed. There were no documented indicators or predictors of possible drug misuse in the medical documentation for this patient. There is no clear rationale to support the medical necessity of opioids. There was no indication of diversion, misuse, multiple prescribers, or use of illicit drugs. There is no provided clinical documentation to support the medical necessity of the requested urine toxicology screen. There is no objective medical evidence to support the medical necessity of a comprehensive qualitative urine toxicology screen for this patient. The prescribed medications were not demonstrated to require a urine drug screen and there was no explanation or rationale by the requesting physician to establish medical necessity. The provider has requested a drug screen due without a rationale to support medical necessity other than to help with medication management. There was no patient data to demonstrate medical necessity or any objective evidence of cause. There is no provided rationale by the ordering physician to support the medical necessity of the requested urine drug screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or analgesic misuse that would require evaluation with a urine toxicology or drug screen.