

Case Number:	CM14-0061857		
Date Assigned:	09/12/2014	Date of Injury:	08/20/2013
Decision Date:	10/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/02/2014

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 Internal Medicine and Pulmonary Diseases 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 40-year-old female who reported an injury on 08/20/2013. The mechanism of injury was not provided. On 07/28/2014, the injured worker presented with moderate neck pain, right shoulder pain, right wrist pain, and severe low back pain. Upon examination of the neck and shoulders, there was slight stiffness of posture and movement. There was tenderness to palpation over the neck with 1+ spasm and trigger points. Upon examination of the lumbar spine, there was stiffness with a guarded gait. There was tenderness to palpation and trigger points noted with spasm to the lumbar spine. There was a positive bilateral straight leg raise. Diagnoses were right shoulder sprain/strain, right carpal tunnel syndrome, cervical spine sprain/strain, lumbar spine sprain/strain, anxiety and insomnia. The provider recommended topical cream, Norco, weight loss program, X-Force, and a urine drug screen. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Ketoprofen/Tramadol topical cream.: Upheld

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

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

Decision rationale: The request for gabapentin, ketoprofen, tramadol topical cream is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, and glutamate receptor antagonists. There is little to no research to support the use of many of these agents. There is lack of documentation that the injured worker had failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request did not indicate the dose, quantity, or frequency, or the site that the topical cream was indicated for in the request as submitted. As such, medical necessity has not been established.

Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Norco 10/325mg, #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment that the injured worker's pain level, functional status, evaluation of risks for aberrant drug seeking behaviors, and side effects. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. There is lack of documentation of the efficacy of the prior use of the medication. As such, the medical necessity has not been established.

Weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. "Pharmacological and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians". Ann Intern Med 2005 Apr 5;142(7):525-31

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Lifestyle modifications.

Decision rationale: The request for a weight loss program is not medically necessary. The Official Disability Guidelines recommend a lifestyle modification that diet and exercise is a first line intervention. Modified diet and an active lifestyle have major benefits. The documentation does not indicate the injured worker has tried and failed with personal diet and lifestyle modifications to warrant enrollment in a structured weight loss program. As such, medical necessity has not been established.

X-Force with solar care: 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 TENS Page(s): 116.

Decision rationale: The request for X-Force with solar care is not medically necessary. The California MTUS guidelines do not recommend a TENS unit as a primary treatment modality. A one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There is a lack of documentation indicating significant deficits upon physical exam. The efficacy of the injured workers previous courses of conservative care were not provided. It was unclear if the injured worker underwent an adequate TENS trial. The request is also unclear as to if the injured worker needed to rent or purchase the x-force unit. Therefore, the request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for a Urine Drug Screen is not medically necessary. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, medical necessity has not been established.