

Case Number:	CM14-0062346		
Date Assigned:	07/11/2014	Date of Injury:	08/18/2013
Decision Date:	09/03/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/05/2014

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 patient is 60-year-old male who has submitted a claim for hypertension, hypercholesterolemia, and inguinal hernia, associated from an industrial injury date of August 18, 2013. Medical records from 2013-2014 were reviewed, the latest of which dated April 10, 2014 revealed that the patient attributes no symptoms to hypertension or hypercholesterolemia. On physical examination, vital signs are as follow: blood pressure (BP) was 125/81 mmHg, pulse rate (PR) 62 beats per minute (bpm). There is slight tenderness in the right paramedian and periumbilical region without palpable masses or hernia. There is tenderness along the thoracolumbar spine and paralumbosacral soft tissues. There is limitation in range of motion of the lumbar spine with flexion to approximately 75 degrees, extension to approximately 5 degrees, and right lateral flexion to approximately 10 degrees, left lateral flexion to approximately 10 degrees, right rotation to approximately 15 degrees, and left rotation to approximately 15 degrees. There is mild tenderness in the superior posterior aspect of bilateral shoulder, lateral epicondyles of bilateral elbows and dorsal aspect of bilateral wrist. There is mild tenderness in plantar aspect of bilateral heels. Treatment to date has medications: Orphenadrine, Naproxen, Omeprazole, Enalapril, Lovastatin, Flur 20%/Trama 20%/Cyclo 4% cream and Gaba10%/Amitrip10%/Dextro10% cream. Utilization review from April 7, 2014 denied the request for Internal Medicine consult because there is no evidence of specific complex clinical issues documented or changes in clinical presentation to substantiate the necessity for this specialty consult; denied the request for ultrasound of the abdomen because there is no evidence that there are any unusual situations. Denial of the request for Flur 20%/Trama 20%/Cyclo 4% cream because the compounded medication has contents that are not guideline recommended and there is no documentation of inability to tolerate oral analgesics. Denial of the request for Gaba 10%/Amitrip 10%/Dextro 10% cream because the use of gabapentin in transdermal lotion is not

recommended and there is no evidence that the claimant has tried and failed first line oral therapeutic options for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guides, 2nd Edition (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127, 156.

Decision rationale: According to pages 127 and 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. The patient was referred by his primary attending physician for evaluation and treatment recommendation regarding hypertension, hypercholesterolemia and aortic sclerosis. A complete Internal Medicine evaluation was on done April 10, 2014. The patient was diagnosed with four-year history of hypertension and seven-year history of hypercholesterolemia. He is asymptomatic with respect to these conditions. There is low index of suspicion for any major vascular atherosclerotic disease. The patient was prescribed medications and is for baseline laboratory tests. A second Internal Medicine consult is not warranted. Therefore, the request for Internal Medicine consult is not medically necessary.

Ultrasound abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Hernia (updated 2/18/14).

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Hernia Chapter was used instead. The Official Disability Guidelines (ODG) does not recommend imaging techniques such as magnetic resonance imaging (MRI), computed tomography (CT) scan, and ultrasound except in unusual

situations. In this case, abdominal ultrasound was requested to assess the hernia diagnosed in November 2013. The most recent clinical evaluation revealed slight tenderness in the right paramedian and periumbilical region without palpable masses or hernia. There is no new injury or worsening of the abdominal symptom that warrants further evaluation with ultrasound. The medical necessity has not been established. Therefore, the request for ultrasound of the abdomen is not medically necessary.

Flur20%/Trama20%/Cyclo4% cream: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines state that there is little evidence to support the use of topical NSAIDs (flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder, and there is no evidence to support the use for neuropathic pain. CA MTUS does not support the use of NSAIDs, opioids and muscle relaxants in a topical formulation. The patient has been on Flur 20%/Trama 20%/Cyclo 4% cream since December 2013 for pain control. However, there is no documentation regarding intolerance to or failure of oral pain medications. Moreover, the use of flurbiprofen, cyclobenzaprine, and tramadol in topical formulation is not guideline recommended. Therefore, the request for Flur 20%/Trama 20%/Cyclo 4% cream is not medically necessary.

Gaba10%/Amitrip10%/Dextro10% cream: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support the use of gabapentin, Tricyclic antidepressants (TCAs), and dextromethorphan in a topical formulation. The patient has been on Gaba 10%/Amitrip 10%/Dextro 10% cream since December 2013 for neuropathic pain. However, there is no documentation regarding intolerance to or failure of oral medications for neuropathic pain. Moreover, the use of gabapentin, amitriptyline and dextromethorphan in topical formulation is not guideline recommended. Therefore, the request for Gaba10%/Amitrip10%/Dextro10% cream is not medically necessary.