

Case Number:	CM14-0066999		
Date Assigned:	07/11/2014	Date of Injury:	11/18/2013
Decision Date:	09/08/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 37-year-old male who has submitted a claim for bilateral lumbosacral sprain / strain, sprain / strain of the sacrum, and rule out radiculopathy associated with an industrial injury date of 11/18/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain graded 3.5/10 in severity, radiating to the right lower extremity. Aggravating factors included prolonged sitting and standing. Physical examination of the lumbar spine showed tenderness at the right L4-L5 level, and painful range of motion. Reflexes, motor and sensory were normal. Right sacroiliac joint was tender. Sitting root test, Lasegue's test, and Patrick-FABER's test were positive at the right. MRI of the lumbar spine, dated 02/06/2014, demonstrated posterior disc bulges of 4 mm at L3-L4, and 2 to 3 mm each at L4-L5 and L5-S1 levels. Treatment to date has included physical therapy, LINT therapy, chiropractic care, acupuncture, and medications such as naproxen, Flexeril, tramadol and topical compounded products. Utilization review from 05/07/2014 denied the requests for Flurbiprofen / Cyclobenzaprine Topical, Quantity 1 and Gabapentin / Tramadol Topical, Quantity 1 because of limited published studies concerning its efficacy and safety; denied Urine Drug Screen, Quantity 1 because patient was not prescribed controlled substances to warrant such; and denied the requests for Right L4-5 Lumbar Diagnostic facet block under fluoroscopy, Quantity 1 and Right L5-S1 Lumbar Diagnostic facet block under fluoroscopy, Quantity because of no failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen / Cyclobenzaprine Topical, Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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. Cyclobenzaprine is not recommended for use as a topical analgesic. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, patient was prescribed topical products as adjuvant therapy to oral medications. However, the prescribed medication contains Flurbiprofen and cyclobenzaprine that are not recommended for topical use. Therefore, the request for Flurbiprofen / Cyclobenzaprine Topical, Quantity 1 is not medically necessary.

Gabapentin / Tramadol Topical, Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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 opioid medications and gabapentin in a topical formulation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, patient was prescribed topical products as adjuvant therapy to oral medications. However, the prescribed medication contains gabapentin and tramadol that are not recommended for topical use. Therefore, the request for Gabapentin / Tramadol Topical, Quantity 1 is not medically necessary.

Urine Drug Screen, Quantity 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal

drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication includes naproxen, Flexeril, and tramadol. Urine drug screen from 04/05/2014 showed inconsistent result with the prescribed medications. Aberrant drug behavior may be suspected; hence, a repeat urine drug screen is indicated. Therefore, the request for urine drug screen is medically necessary.

Right L4-5 Lumbar Diagnostic facet block under fluoroscopy, Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Complaints, page 300.

Decision rationale: Page 300 of CA MTUS ACOEM Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for diagnostic facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, the documented rationale is to determine the location of pain generator for a possible radiofrequency ablation. Patient complained of persistent low back pain despite conservative management involving physical therapy, chiropractic care, acupuncture, among others. However, patient reported radicular pain extending to the right lower extremity, which is not guideline recommended as stated above. Moreover, the official MRI result was not made available for review. Guideline criteria were not met. Therefore, the request for Right L4-5 Lumbar Diagnostic facet block under fluoroscopy, Quantity 1 is not medically necessary.

Right L5-S1 Lumbar Diagnostic facet block under fluoroscopy, Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, Facet Joint Diagnostic Block.

Decision rationale: Page 300 of CA MTUS ACOEM Guidelines supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for diagnostic facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. In this case, the

documented rationale is to determine the location of pain generator for a possible radiofrequency ablation. Patient complained of persistent low back pain despite conservative management involving physical therapy, chiropractic care, acupuncture, among others. However, patient reported radicular pain extending to the right lower extremity, which is not guideline recommended as stated above. Moreover, the official MRI result was not made available for review. Guideline criteria were not met. Therefore, the request for Right L5-S1 Lumbar Diagnostic facet block under fluoroscopy, Quantity 1 is not medically necessary.