

Case Number:	CM14-0070564		
Date Assigned:	08/13/2014	Date of Injury:	03/07/2013
Decision Date:	09/19/2014	UR Denial Date:	04/19/2014
Priority:	Standard	Application Received:	05/15/2014

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 Physical Medicine & Rehabilitation, 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 50-year-old female who reported injury on 03/07/2013. The mechanism of injury was the injured worker was loading containers and wrapped containers using plastic wrap. The injured worker was standing by a pallet that was 8 boxes high that were wrapped in tape and the tape ripped and a box weighing approximately 200 pounds fell on the injured worker's body. There prior treatments and medications were not provided. The documentation indicated the injured worker underwent electrodiagnostic studies of the bilateral lower extremities and an MRI of the lumbar spine. The MRI revealed at the level of L4-5 there was a 3 mm broad-based posterior disc bulge with compromise of the exiting nerve roots bilaterally. At L5-S1 there was a 3 mm to 4 mm posterior disc bulge with compromise of the exiting nerves bilaterally. There was a detailed Request for Authorization Form dated 04/04/2014. There were no physician notes requesting the medications and procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Manipulation, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The California MTUS Guidelines recommend chiropractic manipulation for chronic pain. There should be a therapeutic trial of 6 visits over a period of 2 weeks, and if functional improvement is achieved, then a total of up to 18 visits over a period of 6 to 8 weeks. The clinical documentation submitted for review failed to provide documentation of prior treatments and so it could not be determined if this was a request for the original therapy. If it is not a request for a new type of therapy, there was a lack of documentation of the objective functional benefit from prior treatment. There was no physical examination submitted with the request. Additionally, 12 sessions is excessive as it is recommended for a trial of 6 sessions. The request as submitted failed to indicate the body part to be treated with chiropractic sessions. Given the above, this request for 12 Chiropractic Sessions is not medically necessary.

1 Urine Drug Sreen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse (Tolerance, Dependence, Addiction).

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

Decision rationale: The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation of the medications the injured worker was utilizing to support a necessity for a urine drug screen. There was a lack of documentation indicating the injured worker had documented issues of abuse, addition, or poor pain control. Therefore, the request is not medically necessary.

1 Non-Invasive DNA Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine DNA Testing for Pain Page(s): 42.

Decision rationale: The California MTUS Guidelines do not recommend cytokine DNA testing for pain. There was a lack of documentation of rationale for the request. There was no physician notes submitted requesting the testing. Additionally, the request as submitted failed to indicate that the specific testing that was being requested. Given the above, the request for noninvasive DNA testing is not medically necessary.

1 Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, FCE.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the patient had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. There was a lack of documentation indicating the injured worker had a failed an attempt at returning to work. There was a lack of documented rationale for the request. Given the above, the request for 1 Functional Capacity Evaluation is not medically necessary.

1 Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298; 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to provide a rationale for the requested back brace. There was a lack of physician documentation indicating a necessity and rationale for the request. Given the above, the request for 1 back brace is not medically necessary.

1 Compound Medication: Flurb/Caps/Menth/Camph, 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin. Decision based on Non-MTUS Citation Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Cyclobenzaprine, Salicylate Topicals Page(s): 72, 111, 41, 105.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. The FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration...The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide a necessity for 2 topical NSAIDs. The duration of use could not be established. There was a lack of documentation indicating the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency and the strength for the requested medication. Given the above, the request for 1 compound medication flurb/caps/menth/camp 120 mg is not medically necessary.

1 Compounded Medication: Keto/Cyclo/Lido, 120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page 41, Topical Analgesics, page 111, Lidocaine page 112, Ketoprofen, page 113 Page(s): 41, 111, 112, 113.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of Cyclobenzaprine to other agents is not recommended. Ketoprofen is not currently FDA approved for a topical application. The guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide documentation for a necessity for 2 topical NSAIDs. The request as submitted failed to indicate the frequency and the strength for the requested medication. The duration of use could not be established. There was a lack of documentation indicating the injured worker had neuropathic pain and that trials of antidepressants and

anticonvulsants had failed. Given the above, the request for 1 compounded medication Keto/Cyclo/Lido 120 mg is not medically necessary.