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| Case Number: | CM14-0082573 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 03/08/2011 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 05/12/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 a 36-year-old male who has submitted a claim for lumbosacral musculoligamentous strain/sprain with radiculitis associated with an industrial injury date of 3/8/2011. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain, graded 4/10 in severity, radiating to bilateral lower extremities. Physical examination of the lumbar spine showed tenderness, muscle spasm, and restricted range of motion. Urine drug screen from 2/4/2014 and 4/11/2014 detected positive levels for Tramadol. Treatment to date has included 27 sessions of physical therapy, and medications such as tramadol (since February 2014), Cyclobenzaprine (since April 2014), and topical creams. Compounded topical products were prescribed to minimize gastrointestinal complications associated from oral medications. The patient reported that medications provided symptom relief. The patient likewise stated that physical therapy resulted to decreased pain, tenderness and spasm. A report from 1/14/2014 stated that patient had improved with physical therapy in terms of bending, sitting, standing, and performing his recreational activities. Utilization review from 5/12/2014 denied request for urine toxicology because the records did not discuss assessment or stratification of the patient's risk for aberrant behavior; denied Fluriflex 180 gm and Tramadol/Gabapentin hot 180 mg because of limited published studies concerning its efficacy and safety; denied Cyclobenzaprine 7.5 mg, quantity 60 due to lack of indication and long-term use was not recommended; and denied physical therapy lumbar spine because there was no documentation of functional gains from previous therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

urine toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities guidelines <http://odg-twc.com/odgtwc/pain.htm>.

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

Decision rationale: Page 78 of the MTUS Chronic Pain Guidelines states 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 treatment regimen includes Tramadol. Urine drug screen from 2/4/2014 and 4/11/2014 detected positive levels for tramadol. However, there is no compelling rationale for a repeat urine drug screen at this time. Aberrant drug behavior was not evident in the records submitted to warrant repeat testing. Therefore, the request for urine toxicology is not medically necessary.

Fluriflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 16-113.

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

Decision rationale: Fluriflex contains Flurbiprofen 10% and Cyclobenzaprine 10%. According to the MTUS Chronic Pain Guidelines pages 111-113, 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. In this case, patient was prescribed topical products as adjuvant therapy to oral medications. However, the compounded product contains Flurbiprofen and Cyclobenzaprine that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request is not medically necessary.

TGHot 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 16-113.

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 MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The topical formulation of tramadol does not show consistent efficacy. The MTUS Chronic Pain Guidelines does not support the use of opioid medications and Gabapentin in a topical formulation. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains tramadol and Gabapentin that are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the MTUS Chronic Pain Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on Flexeril since April 2014 as treatment for paralumbar muscle spasm. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Cyclobenzaprine 7.5mg QTY 60 is not medically necessary.

physical therapy lumbar spine (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient already underwent 27 sessions of physical therapy. Patient stated that physical therapy resulted to decreased pain, tenderness and spasm. A report from 1/14/2014 cited that patient had improved with physical therapy in terms of bending, sitting, standing, and performing his recreational activities. It is unclear why patient is still not versed to home exercise program to address the residual deficits given the extensive number of sessions completed. There is likewise no documented indication for additional therapy sessions. The request also failed to specify number of sessions. The medical necessity has not been established. Therefore, the request for physical therapy lumbar spine (unspecified) is not medically necessary.