

Case Number:	CM14-0088277		
Date Assigned:	08/08/2014	Date of Injury:	03/31/1996
Decision Date:	09/12/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old female who reported injury on 03/31/1996 caused by an unspecified mechanism. The injured worker's treatment history included medications, physical therapy, urine drug screen, and x-ray. The injured worker had undergone an MRI of the lumbar spine on 06/20/2003, demonstrated L4-5 posterior disc protrusion with mild bilateral hypertrophic facet changes. L5-S1 left posterolateral disc protrusion and disc desiccation with mild bilateral hypertrophic facet changes in the left lateral recess stenosis. On 10/10/2013, the injured worker underwent anterior cervical discectomy fusion with cage placement. The injured worker was evaluated on 05/08/2014 and it was documented that the injured worker complained of increased left knee pain, locking, popping, and neck pain and stiffness. The provider noted her pain level on her knee was 6/10 to 8/10. Her neck pain was 5/10 to 6/10. Physical examination of the left knee revealed tenderness to palpation, medial and lateral joint, 0-125 degrees. The lumbar spine examination revealed tenderness to palpation over the paraspinous muscles with spasm noted. The straight leg raise test was positive on the left at 65 degrees, the injured worker's motor examination was decreased in the left lower extremity. Diagnoses included cervical spine degenerative disc disease, lumbar spine degenerative disc disease, and left knee internal derangement. The Request for Authorization dated 05/09/2014 was for urine toxicology, topical compounds to reduce pain and oral medication, genetic testing for narcotic risk, Xolido for pain, pain management, follow-up spine surgeon, and MRI of left knee, and Medrox.

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 Disability Guidelines.

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

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence & addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The physical examination on 05/09/2014 lacked objective evidence to support the medical necessity of a urine toxicology screen. There was no objective evidence the injured worker has abused substance of opioids to indicate the rationale of requesting a urine toxicology screen. In addition, there was a urine toxicology screen done on 05/08/2014 for the injured worker that was positive of opiates usage. Given the above, the request for the urine toxicology screen for prescription drug management is not medically necessary and appropriate.

Terocin patches #30: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. The documentation submitted failed to indicate the injured worker's conservative care measures such as, physical therapy and pain medicine management outcome. In addition, request did not provide frequency or location where the patches will be applied. As such, the request for Terocin Patches, Lidocaine Menthol, and # 30 is not medically necessary and appropriate.

Flurbiprofen 180gm: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Guidelines state 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Non-steroidal anti-inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documents submitted lacked evidence of outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. In addition, the request lacked duration, frequency and location where topical is supposed to be applied on injured worker. Given the above, the request is not supported by the guidelines noting the safety or efficacy of this medication. The request for Flurbiprofen 180 gm ointment 100gm is not medically necessary and appropriate.

Genetic testing for narcotic risk: Upheld

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

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

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines does not recommend Cytokine DNA Testing for pain. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Scientific research on cytokines is rapidly evolving. There is vast and growing scientific evidence base concerning the biochemistry of inflammation and it is commonly understood that inflammation plays a key role in injuries and chronic pain. Cellular mechanisms are ultimately involved in the inflammatory process and healing, and the molecular machinery involves cellular signaling proteins or agents called cytokines. Given rapid developments in cytokine research, novel applications have emerged and one application is cytokine DNA signature testing which has been used as a specific test for certain pain diagnoses such as fibromyalgia or complex regional pain syndrome. The provider failed to indicate evidence to support the use of cytokine DNA testing including saliva for the diagnosis of pain, including chronic pain. As such, the request for genetic testing for narcotic risk is not medically necessary and appropriate.

Xolido cream 2%: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least 1 drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. In addition, this agent has compounding agents with two or three oral agents together. The guidelines do not recommend for the use of a topical product compounding two or more oral agents and found no efficacy or benefit over individual agents separately. The documentation submitted failed to indicate the injured worker's conservative care measures such as physical therapy and pain medicine management outcome. In addition, the request did not provide frequency or location where the compound cream will be applied. As such, the request for Xolido cream 2% is not medically necessary and appropriate.

pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for independent medical examinations and consultations regarding referrals, Chapter 7.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that consideration of a new pain management consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety, or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The documents submitted stated the injured worker has been on opioids medications ongoing for an undocumented time. There is lack of documentation of the injured worker's pain assessment while on opioids to include pain level and duration of pain while taking the opioids, and functional improvement while the injured worker is on the opioids. There was lack of evidence to warrant a consult pain management. Given the above, the request for pain management is not medically necessary and appropriate.

Follow up with spine surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG).

Decision rationale: Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In addition, the documents there was lack of documentation of long-term goals regarding functional improvement. Furthermore, the provider failed to indicate the rationale why the injured worker needs a follow-up with the spine surgeon. Given the above, the request is not medically necessary and appropriate.

Medrox. Unspecified Quantity: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The documentation submitted for review indicated the injured worker had prior conservative care; however, the outcome measurements were not provided for review. Given the above, the request for Medrox is not medically necessary and appropriate.

Somnicin #30: 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 chapter, insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Medical Food.

Decision rationale: The Official Disability Guidelines (ODG) does not recommend Somnicin that is a medical food. Medical foods are recommended as indicated below. As a food which is formulated to be consumed or administered eternally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. The diagnoses of the injured worker included cervical spine strain with disc herniation, left shoulder strain with impingement syndrome and lumbar spine strain with disc herniation all diagnoses was resolved. In addition, there was no evidence of a disease process diagnosis provided to warrant the need to have a specific nutritive requirement. Given the above, the request for Somnicin # 30 is not medically necessary and appropriate.

Laxacin #100: 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 Initiating Therapy Page(s): 77.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines states that prophylactic treatment of constipation should be used if the patient is on opioids. There was no indication the injured worker having gastro intestinal symptoms. In addition, the request failed to indicate frequency and duration of medication. Rationale to indicate the injured worker's use of any opioids. Given the above, the request is not medically necessary and appropriate.