

Case Number:	CM14-0096138		
Date Assigned:	07/28/2014	Date of Injury:	06/05/2013
Decision Date:	08/29/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/24/2014

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 Medicine, and is licensed to practice in Florida. 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 33-year-old male who reported an injury on 06/05/2013. The mechanism of injury was not provided. On 05/23/2014, the injured worker presented with persistent pain in the low back that radiates down the left leg with numbness and tingling. He also reported pain in the bilateral lower extremities and the foot. Upon examination of the lumbar spine, there was limited range of motion and tenderness to palpation noted over the lumbar paraspinal muscles bilaterally. There is a positive Kemp's sign bilaterally and a positive straight leg raise to the left. Muscle strength was rated 5/5 to the L4, L5 and S1 nerve roots to the right side and 4/5 in the L4, L5 and S1 nerve roots to the left. There was decreased sensation in the L4, L5 and S1 nerve root distribution to the left side and +2 deep tendon reflexes at the patellar and Achilles tendons bilaterally. The diagnoses were acute lumbar strain, left lower extremity radicular pain and aggravation of lumbar spine pain. Prior therapy included the use of a TENS unit. The provider recommended pain management consultation with epidural, urinalysis and a topical compound cream. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend a urine drug screen is an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with the therapeutic trial of opioids for ongoing management, and as a screening for risks of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. There is also no evidence of opioid use. The request for a urinalysis is not medically necessary.

Flurbiprofen 20%, cyclobenzaprine 10%, menthol 4% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. Cyclobenzaprine would not be recommended for topical application. The provided medical documentation lacks evidence that the injured worker has failed a trial of antidepressant and anticonvulsant. Additionally the provider's request does not indicate the site that the cream is intended for, the dose or frequency of the medication in the request as submitted. The request for Flurbiprofen 20%, cyclobenzaprine 10%, menthol 4% 180 grams is not medically necessary.

Pain Management consult with epidural: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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), updated guidelines, Chapter 6, page 163.

Decision rationale: The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness to return to work. There is no clear rationale to support a consultation. There is lack of information on how a consultation

will aid the provider in an evolving treatment plan for the injured worker. The request for pain management consult with epidural is not medically necessary.