MAXIMUS Federal Services

Case Number:	CM14-0099049		
Date Assigned:	07/28/2014	Date of Injury:	07/18/2012
Decision Date:	09/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/27/2014

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 Emergency Medicine and is licensed to practice in New York. 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 46-year-old female who was injured on July 18, 2012. The patient continued to experience pain in her lower back, right hand, and left ankle. Physical examination was notable for tenderness over the paralumbar muscles, negative straight leg raise, and intact sensation. Diagnoses included lumbar strain, chondromalacia, status post arthroscopic debridement, and left ankle synovectomy. Treatment included surgery, physical therapy, and medications. Requests for authorization for Fluirflex topical and TG hot 180 gm, DME purchase interferential current stimulation, urine toxicology, and electromyography/NCV of the bilateral upper extremities were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase: Fluriflex topical and TG hot 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for Pain Interventions and Guidelines.

Decision rationale: Fluiriflex is a compounded topical analgesic containing flurbiprofen and cyclobenzaprine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of cyclobenzaprine as a topical product. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.TG Hot is a compounded topical analgesic containing tramadol, gabapentin, menthol, camphor, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Topical analgesics containing menthol are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. There is no comment on efficacy of menthol or camphor. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.

DME purchase Inferential Current Stimulation (ICS)/hot/cold unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines page Page(s): 118-119.

Decision rationale: Interferential current stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. ICS is indicated when pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, there is a history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment, orthe pain is unresponsive to conservative measures. In this case there is no documentation that the patient has had ineffective pain control, a history of substance abuse, or

that she is unable to perform exercises. Medical necessity has not been established. The request should not be authorized.

Electromyography (EMG)/NCV of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the patient is not experiencing symptoms of radicular pain and there are no focal motor or sensory deficits. The patient had EMG/NCV studies dated 1/11/13. In addition documentation does not support that there had been a significant change in the patient's condition. They reported mild left carpal tunnel syndrome and moderate right carpal tunnel syndrome. Documentation does not support that there had been a significant change in the patient's condition. Medical necessity has not been established. The request should not be authorized.

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, Pain, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Pain, urine drug testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used it there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case there is no documentation that the patient has exhibited addiction/aberrant behavior or is at risk for opioid abuse. Urine drug testing is indicated once yearly. Frequency or urine drug testing cannot be determined due to lack of documentation. Medical necessity cannot be determined. The request should not be authorized.