

Case Number:	CM14-0169852		
Date Assigned:	10/20/2014	Date of Injury:	05/10/2014
Decision Date:	07/02/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 61-year-old who has filed a claim for hand and foot pain reportedly associated with an industrial injury of May 10, 2014. In a Utilization Review report dated September 17, 2014, the claims administrator denied a request for several topical compounded medications, urine toxicology testing every six weeks, and voltage-actuated sensory nerve conduction testing. The claims administrator referenced a September 4, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On September 4, 2014, the applicant reported multifocal complaints of wrist, hand, and foot pain. Topical compounded medications, urine drug testing, voltage-actuated sensory nerve conduction testing of upper and lower extremities, 12 sessions of chiropractic manipulative therapy, 12 sessions of acupuncture, and a functional capacity evaluation were endorsed while the applicant was placed off of work, on total temporary disability. Overall commentary was sparse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Tramadol 15% 210gm compound cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: No, the request for a flurbiprofen-tramadol topical compounded cream was not medically necessary, medically appropriate, or indicated here. As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds, as a class, are deemed "largely experimental." Here, the attending provider failed to furnish much in the way of supporting rationale or supporting commentary for the agent in question in favor of what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals. Therefore, the request was not medically necessary.

Gabapentin 10%/Lidocaine 5%/Tramadol 15% 180gm compound cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics.

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

Decision rationale: Similarly, the request for a gabapentin-containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Toxicology testing 1 every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for toxicology testing every six weeks (AKA urine drug testing every six weeks) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, and attempt to categorize the applicants into higher- or

lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider made no attempt to justify such frequent drug testing at a rate of once every six weeks. The attending provider did not clearly state why such frequent drug testing at a rate of once every six weeks was proposed. There was no mention of the applicant's being a higher-risk individual or higher-risk case who would warrant such testing. The attending provider likewise did not signal his intention to eschew confirmatory and/or quantitative testing, nor did the attending provider signal his intention to conform to the best practices of the United States Department of Transportation (DOT). Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Voltage-Actuated Sensory Nerve Conduction study of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: Finally, the request for voltage actuated sensory nerve conduction testing of upper extremities was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated on her September 4, 2014 progress note that the applicant's symptoms of pain and paresthesias were confined to the left upper extremity. All the applicant's pain symptoms were associated with left wrist and left hand, it was stated on that occasion. Operating diagnoses given on that date were left CMC joint pain, rule out left internal derangement, rule out left carpal tunnel syndrome, left hand tenosynovitis, and left foot pain. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of NCV testing with diagnostic evaluation in applicants without symptoms is deemed "not recommended." Here, the applicant was entirely asymptomatic insofar as the right upper extremity was concerned on or around the date of the request, September 4, 2014. The nerve conduction of the bilateral upper extremities request at issue, thus, was at odds with ACOEM principles and parameters as it involves testing of the asymptomatic right upper extremity. Therefore, the request was not medically necessary.