MAXIMUS Federal Services

Case Number:	CM14-0193240		
Date Assigned:	12/01/2014	Date of Injury:	07/24/2011
Decision Date:	02/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/18/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of July 24, 2011.In a Utilization Review Report dated November 6, 2014, the claims administrator failed to approve requests for Menthoderm gel, TENS unit electrodes, laboratory testing, and an H. pylori blood test. The H. pylori blood test denial was based, in part, on causation grounds as the claims administrator stated that H. pylori had not been accepted as an industrial condition. The claims administrator did not cite any guidelines in the decision to deny laboratory testing. The claims administrator stated that its decision was based on an RFA form received on October 30, 2014.The applicant's attorney subsequently appealed.In an October 27, 2014 progress note, the applicant reported 7/10 neck, mid back, and low back pain. In one section of the note, the attending provider stated that the applicant's pain was unchanged, while another section of the note stated that the applicant's pain complaints were attenuated with medications. The applicant had reported occasional nausea and vomiting which was reportedly improved with omeprazole. The applicant denied any abdominal pain. The applicant was given a refill of Menthoderm. H. pylori blood testing, a CBC, CMP, and stool guaiac times three were noted at the bottom of the report. At the top of the report, it was stated that the applicant specifically denied any issues with hematemesis or bowel changes. The applicant was asked to continue chiropractic manipulative therapy. A rather proscriptive 15-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant was asked to decrease dosing of ibuprofen to decrease adverse side effects. It was stated what the applicant should decrease dosage of ibuprofen in an effort to decrease side effects. The applicant was asked to continue omeprazole. It was not stated what side effects the applicant was experiencing with ibuprofen usage, however.On November 24, 2014, the applicant

reported 7/10 mid back pain, low back pain, and neck pain. The pa continued to have nausea which was reportedly improved by omeprazole. The applicant was again asked to obtain a CBC, CMP, and stool guaiac times three. An H. pylori blood test was reportedly pending. The applicant was asked to continue omeprazole and discontinue ibuprofen/NSAID usage. TENS unit electrodes were sought while gabapentin and omeprazole were refilled. The applicant's complete medication list was not attached. A rather proscriptive 50-pound lifting limitation was again renewed, although it was not clear whether the applicant was or was not working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120 MG (4oz): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic, Functional Restoration Approach to Chronic Pain Management section Pa.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topicals such as Menthoderm are recommended in the treatment of chronic pain as was/is present here, on or around the date in question, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, while the attending provider stated in some sections of his progress notes of October and November 2014, referenced above, that the applicant's pain scores were attenuated with medications, this was neither elaborated/expounded upon nor quantified. The attending provider did not outline any quantifiable decrements in pain achieved as a result of ongoing medication usage. The attending provider did not state how ongoing medication usage was generating improvements in function. A rather proscriptive 15-pound limitation was renewed, unchanged, from visit to visit. It did not appear that the applicant was working with said limitation in place. Ongoing usage of Menthoderm failed to curtail the applicant's dependence on other medications, including Neurontin, Tramadol, and/or Ibuprofen. All of the foregoing, taken together, suggests a lack of functional improvement as defined MTUS 9792.20f, despite ongoing usage of Menthoderm. Therefore, the request is not medically necessary.

DME: 4 TENS Electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and, by implication, provision of associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the applicant had apparently received a TENS unit at an earlier, unspecified point in time. Previous usage o the TENS unit, however, failed to generate requisite improvements in pain and/or function. A rather proscriptive 15-pound limitation was renewed, unchanged, from visit to visit. It did not appear that the applicant was working with said limitation in place. Previous usage of the TENS unit failed to curtail the applicant's dependence on various and sundry analgesic and adjuvant medications, including Neurontin, Menthoderm, Motrin, etc. 7/10 pain complaints were, furthermore, noted on multiple office visits, referenced above. It did not appear, in short, that previous usage of the TENS unit was generating requisite reductions in pain and/or requisite improvements in function as defined by the parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

Labs (CBC, CMP Stool Guaiac x3): 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 NSAIDs, Specific Drug List, and Adverse effects topic Page(s): 70. Decision based on Non-MTUS Citation Mosby's Manual of Diagnostic and Laboratory Tests, Edited By Kathleen Deska Pagana, Fifth Edition, 2014, page 857, Stool for Occult Blood Test section

Decision rationale: The MTUS does not address the topic of stool guaiac testing. While the textbook Mosby's Manual of Diagnostic and Laboratory Tests notes in page 857 that occult blood testing is "useful for colorectal cancer screening of asymptomatic individuals" and "can also detect occult blood from other sources (eg., ulcers, hemorrhoids, diverticulosis)," in this case, however, it is not clearly stated for what purpose occult stool blood testing was being sought. The applicant specifically denied symptoms of hematemesis, it was stated on office visits of October 27, 2014 and September 20, 2014. There was no mention of the applicant's having darkened stools, discolored stools, etc., which would into question occult bleeding. The applicant, furthermore, specifically denied any bowel changes on office visits of September 25, 2014, October 27, 2014, and November 24, 2014. The applicant was 35 years old as of the date stool blood testing was sought. The applicant was, thus, not an individual for whom colorectal cancer screening with occult blood testing was indicated on or around the date in question. The attending provider did not furnish any applicant-specific rationale to augment the request for stool-guaiac testing. Since the stool-guaiac testing component of the request cannot be supported, the entire request cannot be supported, although it is incidentally noted that page 70 of the MTUS Chronic Pain Medical Treatment Guidelines would seemingly support the CBC and CMP components of the request for hematologic, renal and hepatic function evaluation purposes on the grounds that the applicant was using an NSAID medication, Ibuprofen 800 mg, on or around the date in question. However, since the stool-guaiac testing component of the request cannot be endorsed, the request is not medically necessary as the three tests for CBC

testing, CMP testing, and stool-guaiac testing were apparently tied together as one separate, larger request. Therefore, the request is not medically necessary.

H. Pylori Breath Test: Overturned

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 Diagnosis of peptic ulcer disease, uptodate.com, December 2014, Soli et al

Decision rationale: The MTUS does not address the topic. However, the comprehensive review article entitled diagnosis of peptic ulcer disease appearing in uptodate.com notes that H. pylori blood testing is indicated in several clinical settings, including in applicants with "upper GI symptoms before endoscopy." In this case, the applicant was described on several office visits, referenced above, including October 27, 2014 and November 24, 2014, as experiencing symptoms of occasional nausea and vomiting. The applicant denied pregnancy. The attending provider had apparently asked the applicant to eschew NSAIDs. It appeared, then, based on the admittedly sparse documentation, that the attending provider was seeking H. pylori testing in an effort to determine the source of the applicant's gastrointestinal symptoms of nausea and vomiting. This is an appropriate usage of H. pylori blood testing, per uptodate.com. Therefore, the request is medically necessary.