

Case Number:	CM14-0196050		
Date Assigned:	12/04/2014	Date of Injury:	08/10/2012
Decision Date:	02/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 low back and elbow pain reportedly associated with an industrial injury of August 10, 2012. In a utilization review report dated October 27, 2014, the claims administrator denied a request for 8 sessions of acupuncture, denied Vicodin, denied a topical compounded cream, and denied a urinalysis. The claims administrator referenced a September 26, 2014 progress note in its determination. The applicant, per the claims administrator, was reportedly using Vicodin, Aleve, Xanax, Ambien, Neurontin, and Effexor, it was stated, as of that point in time. The applicant was status post earlier lumbar spine surgery, the claims administrator noted, in several sections of the note. Urine drug testing of July 18, 2014 did include testing for approximately 7-10 different opioid metabolites and 7 different benzodiazepine metabolites. Non-standard confirmatory and quantitative testing was performed. In a handwritten note dated July 25, 2014, difficult to follow, not entirely legible, the applicant was placed off work, on total temporary disability, from a mental health perspective. The applicant had issues with major depressive disorder and sleep disturbance, it was stated. On July 8, 2014, the applicant reported 7-8/10 mid and low back pain radiating to the bilateral lower extremities. The applicant was using Xanax, Vicodin, Ambien, Aleve, and Effexor. The applicant's medical provider seemingly suggested that the applicant was working. The applicant reportedly had a pending settlement conference with her claims administrator. Her ergonomic evaluation was pending. A rather proscriptive 10-pound lifting limitation was endorsed. Urine drug testing was performed. The applicant exhibited an antalgic gait, but was apparently not using a cane, crutch, or walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy, 2 x 4 to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable. In this case, however, it is not clear that reduced weight bearing is, in fact, desirable. An office visit of July 18, 2014, for instance, suggested that the applicant was independently ambulatory, despite exhibiting a reportedly antalgic gait. It does not appear, in short, that the applicant's chronic low back pain is a condition for which reduced weight bearing is necessarily desirable. Therefore, the request is not medically necessary.

Vicodin 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off work, it was suggested on a July 25, 2014 psychiatry note. While the applicant's medical provider stated that the applicant was working with restrictions on July 18, 2014, this report appears to be suspect and is seemingly contravened by the later note of July 25, 2014 when the applicant was asked to remain off work. Furthermore, the applicant was described on July 18, 2014 as exhibiting pain complaints as high as 7-8/10, despite ongoing Vicodin usage. Finally, the attending provider did not outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Vicodin usage. Therefore, the request was not medically necessary.

Lido/Gaba/Keto Cream 120gm: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Similarly, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Ketoprofen, the tertiary ingredient in the compound, is likewise not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are 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.

Retrospective urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chronic Pain Chapter, Urine Drug Testing Topic

Decision rationale: 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's Chronic Pain Chapter Urine Drug Testing Topic, however, stipulates that an attending provider attach the applicant's complete medication list to the request for authorization for testing, clearly state which drug tests and/or drug panels he intends to test for, clearly identify when the applicant was last tested, attempt to conform to the best practices in the United States Department of Transportation (DOT) when performing drug testing, and eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context. Here, however, the attending provider did seemingly perform confirmatory and quantitative testing on prior occasions, despite the unfavorable ODG position on the same. Non-standard testing for multiple different opioid and benzodiazepine metabolites was performed, again despite the unfavorable ODG position on the same. The attending provider did not clearly identify when the applicant was last tested, nor did the attending provider make any effort to categorize the applicant into higher- or lower-risk categories for which more or less frequent testing would have been indicated. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.