

<b>Case Number:</b>	CM14-0196120		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	11/12/1998
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 neck, low back, and shoulder pain reportedly associated with an industrial injury of November 12, 1998. In a Utilization Review Report dated October 24, 2014, the claims administrator partially approved 12 sessions of physical therapy as four sessions of physical therapy, denied cervical topical compounds, denied a motorized wheelchair, denied transportation to and from medical appointments, denied a urine drug screen, and denied home health care. The claims administrator referenced an August 22, 2014 RFA form in its denial. The claims administrator suggested that the applicant was off of work, on total temporary disability. The claims administrator stated that the applicant's shoulder, neck, back, and upper arm issues had been accepted as compensable. The applicant's attorney subsequently appealed. On October 3, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, shoulder, and arm pain. The applicant was given a refill of Norco and asked to pursue 12 sessions of physical therapy. A spine surgery consultation was endorsed while the applicant was kept off of work. In an August 22, 2014 progress note, the applicant was, once again, kept off of work, on total temporary disability, owing to multifocal complaints of neck, arm, shoulder, and low back pain. The applicant was reportedly using a wheelchair 80% of the time. The applicant was given diagnosis of cervical discogenic disease, chronic back pain syndrome, lumbar strain, lumbar radiculopathy, and right shoulder tendonitis. The attending provider nevertheless stated that the applicant was using a wheelchair 80% of the time. It was not stated for what diagnosis the applicant was using the wheelchair. The attending provider stated that the applicant needed home assistance to perform activities of daily living four to six hours a day. Norco, topical compounds, 12 sessions of physical therapy, electric wheelchair, home health services, medical transportation, and

electrodiagnostic testing were all endorsed while the applicant was kept off of work, on total temporary disability. Urine drug testing was also performed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy for cervical, lumbar and right shoulder QTY 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. It is further noted that this recommendation is, furthermore, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability. Significant pain complaints persist. The applicant apparently is wheelchair-bound. The applicant remains dependent on opioid agents such as Norco and various and sundry topical compounded agents. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

#### **Fluriflex 180gm: Upheld**

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

**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, muscle relaxants such as Flexeril, one of the ingredients in the compound, are 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.

#### **TGHot 180gm: Upheld**

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

**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, one of the ingredients 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. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals, including Norco, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent at issue. Therefore, the request is not medically necessary.

**DME Purchase- Motorized Wheelchair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices Page(s): 99.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a motorized wheelchair is not essential to care. Power mobility devices such as the motorized wheelchair at issue are not recommended if an applicant's functional mobility deficits can be sufficiently resolved through a cane, walker, and/or manual wheelchair. In this case, the applicant has been given fairly innocuous diagnoses of cervical spine diskogenic disease, chronic low back pain, lumbar radiculopathy, etc. The applicant does not appear to have a profound spinal cord injury which would render him immobile. It is not clear why the applicant needs any kind of wheelchair, let alone a motorized wheelchair. It is further noted that the applicant was described as using some sort of wheelchair on August 22, 2014. It is not clear the applicant now needs a motorized wheelchair. Therefore, the request is not medically necessary.

**Transportation to and from all medical appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 83. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, Transportation topic

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes making and keeping appointments. The request for transportation to and from all

appointments, thus, is an article of applicant responsibility as opposed to an article of payer responsibility, for ACOEM. ODG's Knee and Leg Chapter further notes that transportation to and from appointments is recommended only for medically necessary transportation in applicants who have disabilities which prevent or preclude self transport. In this case, it is not clear what would prevent the applicant from driving himself to and from appointments of his own accord and/or attending appointments via public transportation or via a taxicab. Therefore, the request is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that intermittent drug testing is indicated 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, takes the position that an attending provider should clearly state when an applicant was last tested prior to requesting further drug testing, should attach an applicant's complete medication list to the request for authorization for testing, should attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and should eschew confirmatory and/or quantitative drug testing outside of the emergency department drug overdose context. In this case, the attending provider did not clearly state when the applicant was last tested. It was not stated what drug tests and/or drug panels were being tested for. The attending provider did not signal his intent to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

**Home Health Care 4-6 hours daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment in applicants who are homebound. In this case, there is no evidence that the applicant is homebound. Furthermore, page 51 of the MTUS Chronic Pain Medical Treatment Guidelines takes the position that homemaker services such as cooking, cleaning, and assistance with activities of daily living do not constitute medical treatment, particularly when sought as

stand-alone services. In this case, the request in question did represent a request for home assistance to perform activities of daily living, sought as a stand-alone service. This did not cover and/or does not constitute medical treatment which can be delivered by home health services, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.