

Case Number:	CM14-0197018		
Date Assigned:	12/05/2014	Date of Injury:	05/24/2013
Decision Date:	01/22/2015	UR Denial Date:	10/30/2014
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 pain reportedly associated with an industrial injury of May 24, 2013. In a Utilization Review Report dated October 30, 2014, the claims administrator failed to approve a request for topical compounded medication, partially approved a request for TENS-EMS device as a 30-day rental of a generic TENS device, denied urine toxicology testing, denied 12 sessions of acupuncture, denied 12 sessions of manipulative therapy, conditionally approved a psychological evaluation, and denied functional capacity evaluation. The claims administrator stated that its decisions were based on a September 17, 2014 progress note. The applicant's attorney subsequently appealed. On September 17, 2014, the applicant reported ongoing complaints of mid and low back pain, exacerbated by bending, twisting, and squatting. Derivative complaints of anxiety were also evident. Several topical compounded medications, an electrical muscle stimulator-TENS unit, urine toxicology testing, twelve sessions of acupuncture, and twelve sessions of manipulative therapy were sought. It was stated that the applicant was returned to work (on paper), although it was unclear whether the applicant was or was not working. The applicant had apparently received acupuncture at various points in time over the course of the claim, including on office visit of August 26, 2014, in which acupuncture was performed in conjunction with massage therapy, manipulative therapy, ultrasound, and infrared therapy. On July 29, 2014, the applicant was reportedly returned to work while 12 sessions of manipulative therapy and 12 sessions of physical therapy were sought. It was stated that the applicant was currently working on this occasion. The applicant stated that acupuncture was not helping on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical: Caps/Flurb/Gaba: Upheld

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

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 tertiary ingredient in the compound at issue, 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. The attending provider, furthermore, failed to clearly outline why first-line oral pharmaceuticals would not suffice here in favor of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent at issue. Therefore, the request was not medically necessary.

Compound topical: Gaba/Amitr/Dextrom: 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 primary ingredient in the compound at issue, 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. As with the other compounds, the attending provider did not clearly outline why first-line oral pharmaceuticals could not be employed in favor of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" gabapentin-containing compound at issue. Therefore, the request was not medically necessary.

TENS/EMS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: One of the ingredients in the transcutaneous electrotherapy amalgam, electrical muscle stimulation (EMS), represents a variant of neuromuscular electrical stimulation (NMES). NMES, however, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, is not recommended outside of the post stroke rehabilitative context. NMES, per page 121 of the MTUS Chronic Pain Medical Treatment Guidelines is not recommended in the chronic pain context present here. Since one critical element in the multimodality device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.

Acupuncture two times six: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a repeat or renewal request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledges that acupuncture treatments may be extended if there is ongoing evidence of functional improvement as defined in Section 9792.20f, in this case, however, there does not appear to be any ongoing evidence of functional improvement as defined in Section 9792.20f. While the applicant has returned to work, acupuncture has failed to curtail the applicant's dependence on other forms of treatment, including ultrasound therapy, manipulation, massage, infra red therapy, topical compounds, etc. Per the applicant's own self report on July 29, 2014, furthermore, acupuncture was not helping. All of the foregoing, taken together, suggests a lack of ongoing functional improvement as defined in MTUS 9792.20f with earlier acupuncture treatment. Therefore, the request for additional acupuncture is not medically necessary.

Chiro two times six: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of chiropractic manipulative therapy are recommended every four to six months in applicants who sustained recurrences or flares in chronic low back pain who have achieved treatment success or maintained a successful return to work status with earlier manipulative therapy. The request for 12 sessions of manipulative therapy, thus, represents treatment at a rate, frequency, and overall amount six to twelve times MTUS parameters. No rationale for such high frequency and large amount of chiropractic manipulative therapy was proffered in the face of the seemingly unfavorable MTUS position on the same in the chronic pain context present here. Therefore, the request is not medically necessary.

Toxicology testing one times six: Upheld

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

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

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 an attending provider should clearly state what drug tests and/or drug panels he intends to test for, classify applicants into higher or lower risk categories for which more or less frequent drug testing might be indicated, eschew confirmatory testing outside of the Emergency Department Drug Overdose context, and attempt to conform to the best practices of the United States Department of Transportation when performing testing. Here, however, the attending provider did not clearly state what drug tests and/or drug panels were sought. There was no mention of the applicant's being a higher-risk individual for whom such frequent drug testing would be indicated. It was not stated when the applicant was last tested. The applicant's complete medication list was not seemingly attached to the Request for Authorization for testing. Since several ODG criteria for pursuit of drug testing were not met, the request was/is not medically necessary.

RTW/FCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that a functional capacity evaluation may be considered when needed to translate medical impairment into limitations and restrictions to determine work capability, in this case, however, the applicant has already returned to regular duty work. It is not clearly stated why a functional capacity evaluation is being sought in the context of the applicant's already successful to regular duty work. Therefore, the request is not medically necessary.