

Case Number:	CM15-0000011		
Date Assigned:	01/09/2015	Date of Injury:	04/23/2013
Decision Date:	03/11/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a male, who sustained an industrial injury on April 23, 2013. The mechanism of injury is unknown. The diagnoses have included low back pain with left lower extremity radiculopathy, displacement of lumbar intervertebral disc, lumbar degenerative disc disease, lumbar spinal stenosis, lumbar facet hypertrophy syndrome, and myalgia. Treatment to date has included chiropractic sessions, acupuncture, physical therapy, medications, and surgery. Currently, the injured worker complains of low back pain and numbness. He rated his symptoms as an 8 on a 1-10 pain scale. On December 12, 2014, Utilization Review non-certified Tramadol/Gabapentin/Cyclobenzaprine/Lidocaine 7%, 7%, 5%, 4% 120gm, Flurbiprofen/Capsaicin/Menthol/Camphor 10%, 0.025%, 2%, 1% 120gm, physical therapy 2x4 to lumbar, acupuncture 2x4 to lumbar and urine toxicology, noting the MTUS, ACOEM and ODG Guidelines. On December 31, 2014, the injured worker submitted an application for IMR for review of Tramadol/Gabapentin/Cyclobenzaprine/Lidocaine 7%, 7%, 5%, 4% 120gm, Flurbiprofen/Capsaicin/Menthol/Camphor 10%, 0.025%, 2%, 1% 120gm, physical therapy 2x4 to lumbar, acupuncture 2x4 to lumbar and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Gabapentin/Cyclobenzaprine/Lidocaine 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 based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Tramadol/Gabapentin/Cyclobenzaprine/Lidocaine (7%/7%/5% 4%) #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical gabapentin is not recommended. Topical cyclobenzaprine is not recommended. Other than Lidoderm, none of the commercially approved topical formulation of lidocaine with a cream, lotion or gel is indicated for neuropathic pain. Lidocaine cream or lotion form is not recommended. In this case, the injured worker's working diagnoses are lumbar spine HNP with tear; lumbar spine sprain/strain. Medical record is 18 pages in length and largely illegible. The information was gathered from a December 5, 2014 progress note. Subjectively, the injured worker complains of lumbar spine pain 8/10 with radiation down the left and right leg. Objectively, there was decreased range of motion in the lumbar spine. The injured worker uses a back brace. The remainder of the examination is illegible. Any product that contains at least one drug (topical gabapentin, topical cyclobenzaprine, and topical lidocaine) that is not recommended is not recommended. Consequently, the topical compound containing tramadol/gabapentin/cyclobenzaprine/lidocaine is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical Tramadol/Gabapentin/Cyclobenzaprine/Lidocaine (7%/7%/5% 4%) #120 g is not medically necessary.

Flurbiprofen/Capsaicin/Menthol/Camphor 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 based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen, Capsaicin, menthol and camphor (10%/0.025%/2%/1%) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. Diclofenac is the only topical nonsteroidal anti-inflammatory

FDA approved. Flurbiprofen is not FDA approved and therefore not recommended. In this case, the injured worker's working diagnoses are lumbar spine HNP with tear; lumbar spine sprain/strain. Medical record is 18 pages in length and largely illegible. The information was gathered from a December 5, 2014 progress note. Subjectively, the injured worker complains of lumbar spine pain 8/10 with radiation down the left and right leg. Objectively, there was decreased range of motion in the lumbar spine. The injured your uses a back brace. The remainder of the examination is illegible. Any compounded product that contains at least one drug (Flurbiprofen not FDA approved) that is not recommended is not recommended. Consequently, topical Flurbiprofen, Capsaicin, Menthol, and Camphor are not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen, Capsaicin, menthol, and camphor (10%/0.025%/2%/1%) is not medically necessary.

Physical therapy 2 x 4 to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week for #4 weeks to the lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spine HNP with tear; lumbar spine sprain/strain. Medical record is 18 pages in length and largely illegible. The information was gathered from a December 5, 2014 progress note. Subjectively, the injured worker complains of lumbar spine pain 8/10 with radiation down the left and right leg. Objectively, there was decreased range of motion in the lumbar spine. The injured your uses a back brace. The remainder of the examination is illegible. There is no documentation of prior physical therapy in the medical record (18 illegible pages). If the injured worker did not have physical therapy to date, the guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. The treating physician requested eight sessions (two times per week for four weeks to the lumbar spine). This is in excess of the recommended guidelines. In the alternative, if the injured worker received prior physical therapy, exceptional factors would need to be documented in the medical record indicating why additional physical therapy is necessary. The 18 page medical record did not contain compelling clinical facts warranting additional physical therapy. Consequently, absent clinical documentation showing prior physical therapy with evidence of objective functional improvement and compelling clinical documentation versus a request for authorization of eight physical therapy visits (in excess of the recommended guidelines), physical therapy two times per week for four weeks to the lumbar spine is not medically necessary.

Acupuncture 2 x 4 to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Low back section, Acupuncture

Decision rationale: Pursuant to the Acupuncture Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times four weeks is not medically necessary. Acupuncture is recommended as an option for some conditions using a short course in conjunction with other interventions. For treatment of the lower back, acupuncture is not recommended for acute low back pain, but recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The guidelines recommend an initial trial of 3 to 4 visits over two weeks. With evidence of reduced pain, medication use and objective functional improvement, a total of up to 8-12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. In this case, the injured worker's working diagnoses are lumbar spine HNP with tear; lumbar spine sprain/strain. Medical record is 18 pages in length and largely illegible. The information was gathered from a December 5, 2014 progress note. Subjectively, the injured worker complains of lumbar spine pain 8/10 with radiation down the left and right leg. Objectively, there was decreased range of motion in the lumbar spine. The injured worker uses a back brace. The remainder of the examination is illegible. The documentation of the medical records is not containing evidence of prior acupuncture to the lumbar spine. The guidelines recommend an initial trial of 3 to 4 visits over two weeks. With evidence of reduced pain, medication use an objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The treating physician requested two sessions per week times four weeks (eight sessions). This is in excess of the recommended guidelines. Consequently, acupuncture two times per week or four weeks is not medically necessary.

Urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain section, Urine drug testing

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug toxicology screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker/patient is a low risk, intermediate or high risk for drug misuse or

abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are lumbar spine HNP with tear; lumbar spine sprain/strain. Medical record is 18 pages in length and largely illegible. The information was gathered from a December 5, 2014 progress note. Subjectively, the injured worker complains of lumbar spine pain 8/10 with radiation down the left and right leg. Objectively, there was decreased range of motion in the lumbar spine. The injured worker uses a back brace. The remainder of the examination is illegible. The documentation does not contain a list of active medications injured worker is taking. There is no risk assessment and, as a result, the frequency of urine drug testing cannot be determined. There is no clinical rationale for urine drug test in the medical record. Consequently, absent clinical documentation with the clinical rationale clinical indication, urine drug toxicology is not medically necessary.