

Case Number:	CM15-0005765		
Date Assigned:	01/26/2015	Date of Injury:	08/16/2013
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented City of Oxnard employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 16, 2013. In a Utilization Review Report dated December 15, 2014, the claims administrator failed to approve request for topical compounded ketoprofen containing cream, failed to approve request for aquatic therapy, failed to approve request for electrodiagnostic testing of lower extremities, apparently partially approved request for Lyrica, and partially approved request for Ultram (tramadol). The claims administrator referenced a progress note of November 20, 2014 in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated October 15, 2014, the applicant reported multifocal complaints of neck, bilateral shoulder and low back pain. The medical-legal evaluator acknowledged that the applicant was off of work, on total temporary disability, and had not worked since September 2013. The applicant was reportedly using Neurontin, tramadol, and Motrin, the medical-legal evaluator suggested. In a July 7, 2014 progress note, the applicant reported a primary complaint of low back pain. The attending provider stated that the applicant's ability to perform activities of daily living had worsened. The applicant's mobility and quality of life were likewise worsened. The applicant's sleep and mood were reportedly poor. The applicant had apparently had aquatic therapy, work hardening, and physical therapy, without significant benefit. The applicant was off of work, the treating provider acknowledged. Electrodiagnostic testing of the lower extremities and upper extremities were reportedly pending and/or ordered. The applicant was given a primary diagnosis of lumbar radiculopathy. Motrin, tizanidine, and Ultram were endorsed. The remainder of the file was

surveyed on several occasions. It did not appear that either the December 8, 2014 RFA form or the November 20, 2014 progress note in which the articles in question were sought were incorporated into the Independent Medical Review packet. The applicant, it was incidentally noted, was described as exhibiting a normal gait as of July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyons spec. Keto 10%, 5 refills: 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): 111-112.

Decision rationale: No, the topical compounded ketoprofen containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketoprofen, 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. Therefore, the request was not medically necessary.

Aquatic therapy, twice a week for six weeks: 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 Page(s): 22.

Decision rationale: Similarly, the request for aquatic therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, there was no mention of reduced weight bearing's being desirable here. The applicant was described as exhibiting a normal gait as of July 7, 2014, seemingly obviating the need for the request for aquatic therapy. Therefore, the request was not medically necessary.

EMG/NCS, of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): Table 12-8, page 309; Table 14-6, page 377.

Decision rationale: The request for EMG-NCS testing of the bilateral lower extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed not recommended for applicants with a clinically obvious radiculopathy. Here, the applicant was described on July 7, 2014 as carrying a primary operating diagnosis of lumbar radiculopathy. It appeared, thus, that the diagnosis of lumbar radiculopathy was clinically evident and/or definitively established, based on the information on file, although it is acknowledged that the November 20, 2014 progress note and December 8, 2014 RFA form on which the article in question was requested was not incorporated into the Independent Medical Review packet. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical study (AKA nerve conduction testing) is not recommended except in individuals in whom there is some clinical suspicion of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there was no mention of tarsal tunnel syndrome and/or lower extremity entrapment neuropathy's being suspected here. Similarly, there was no mention of the applicant's carrying systemic diagnoses such as diabetes, hypothyroidism, alcoholism, etc., which would predispose the applicant toward development of a generalized lower extremity neuropathy. Therefore, the request was not medically necessary.

Lyrica 75 mg # 30, 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Pregabalin Page(s): 7; 99.

Decision rationale: Similarly, the request for Lyrica, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is recommended as a first-line treatment for diabetic neuropathy, postherpetic neuralgia, and, by implication, the neuropathic (radicular) complaint seemingly present here, this recommendation is, however, 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, the request for Lyrica 75 mg #30 with five refills, by definition, did not contain a proviso to re-evaluate the applicant following introduction of the same so as to ensure a favorable response before continuing with Lyrica (pregabalin). The request, thus, as written, is at odds with page 7 of the MTUS Chronic Pain Medical Treatment Guidelines. The request for Lyrica 75 mg #30 with five refills, thus, is at odds with the principles espoused on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines. The request for Lyrica 75 mg #30 with five refills, thus, was at odds with principles espoused on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, particularly in light of the fact that this request was framed by the claims administrator as a first-time request. Therefore, the request was not medically necessary.

Ultram 50 mg # 30, 5 refills: Upheld

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

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

Decision rationale: Finally, the request for Ultram (tramadol), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. Unlike the request for Lyrica, the request for Ultram (tramadol) did represent a renewal request. The applicant was described as using tramadol on an earlier office visit of July 7, 2014 and on an earlier Medical-legal Evaluation of October 15, 2014. 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 of work, it was acknowledged. The attending provider's progress note of July 7, 2014 seemingly suggested that the applicant's ability to perform activities of daily living, the applicant's ability to ambulate, and the applicant's overall day-to-day pain levels were diminished owing to ongoing issues with chronic pain. All of the foregoing, taken together, did not make a compelling case for continuation of Ultram (tramadol). Therefore, the request was not medically necessary.