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| Case Number: | CM15-0007830 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 07/16/2013 |
| Decision Date: | 03/19/2015 | UR Denial Date: | 12/17/2014 |
| Priority: | Standard | Application Received: | 01/14/2015 |

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 15, 2013. In a Utilization Review Report dated December 17, 2014, the claims administrator failed to approve request for tramadol, cyclobenzaprine, Motrin, FluriFlex, a topical compounded medication, physical therapy, localized intense neurostimulation therapy, and a urine drug screen. The claims administrator referenced a November 6, 2014 progress note and associated RFA form in its determination. The claims administrator's report was over 25 pages long and extremely difficult to follow. The applicant's attorney subsequently appealed. On October 14, 2014, the applicant reported ongoing complaints of low back pain, exacerbated by activities including sitting, standing, walking, pushing, and pulling. The applicant went on to receive chiropractic manipulative treatment on this date. The applicant also went on to receive localized intense neurostimulation therapy at various points in late 2014, including note of December 15, 2014. In a September 30, 2014 progress note, the applicant reported ongoing complaints of low back pain. Multiple palpable tender points were noted. Highly variable 6-9/10 pain was appreciated. The applicant had received earlier physical therapy, it was acknowledged. Vicodin, cyclobenzaprine, Motrin, FluriFlex, and TG hot were endorsed, along with urine drug testing. The applicant was placed off of work, on total temporary disability. In an earlier note dated August 21, 2014, the applicant was again asked to pursue physical therapy. Urine drug testing was endorsed. The applicant was placed off of work, on total temporary disability, while FluriFlex, TG hot, and Vicodin were endorsed for ongoing complaints of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50MG #60: 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: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As with the many other requests, the request in question represents a seeming renewal request. 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, the applicant was/is off of work, on total temporary disability, despite ongoing usage of tramadol. The attending provider's progress notes, referenced above, interspersed throughout late 2014 contained no references to any reduction in pain scores and/or material improvements in function effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including tramadol, Motrin, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Motrin 600MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: The request for Motrin, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin (ibuprofen) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Motrin (ibuprofen). Ongoing usage of Motrin (ibuprofen), furthermore, failed to curtail the applicant's dependence on opioid agents such as tramadol and Vicodin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Motrin. Therefore, the request was not medically necessary.

FluriFlex 180GM x1: 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: Similarly, the request for a FluriFlex topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are 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.

TGHOT 180GM x1: 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: Similarly, the TG hot topical compound was likewise not medically necessary, medically appropriate, or indicated here. The secondary ingredient in the compound is gabapentin, which, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines is not

recommended for topical compound formulation purpose. 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.

Physical Therapy 2 Times A Week For 6 Weeks: 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 Therapy, Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: The request for 12 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. 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 diagnoses reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary 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, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Completion of earlier physical therapy has failed to curtail the applicant's dependence on opioid agents such as Vicodin and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts. Therefore, the request for additional physical therapy is not medically necessary.

LINT Once A Week For 6 Weeks Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Neuromodulation Therapy (PNT) Page(s): 98.

Decision rationale: Similarly, the request for localized intense neurostimulation therapy is likewise not medically necessary, medically appropriate, or indicated here. Localized intense neurostimulation therapy is a variant of percutaneous neuromodulation therapy (PNT), which, per page 98 of the MTUS Chronic Pain Medical Treatment Guidelines is "not recommended" in the chronic pain context present here. The attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.

Urine Toxicology: Upheld

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

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: Finally, the request for a urine toxicology test (AKA urine drug test) was likewise not medically necessary, medically appropriate, or indicated here. 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 an applicant's complete medication list to the request for authorization for testing, further suggests that an attending provider eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, states that an attending provider should identify when an applicant was last tested, states that an attending provider should attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and states that an attending provider should attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing drug would be indicated. Here, however, the attending provider made no attempt to categorize the applicant into higher- or lower-risk categories for which more or less frequent testing would be indicated. The attending provider did not clearly state which drug tests and/or drug panels he intended to test for. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing, nor did the attending provider signal his intention to conform to the best practices of the United States Department of Transportation when performing testing. Therefore, the request was not medically necessary.