

Case Number:	CM15-0100917		
Date Assigned:	07/14/2015	Date of Injury:	08/07/2014
Decision Date:	09/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, Michigan

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 injured worker is a 29 year old male, who sustained an industrial injury on 08/07/2014. He has reported subsequent low back pain and was diagnosed with lumbar myospasm, lumbar radiculopathy, lumbar disc displacement and lumbar sprain/strain. Treatment to date has included medication and physical therapy. Omeprazole was noted as being prescribed since at least 01/02/2015. In a progress note dated 04/10/2015, the injured worker complained of intermittent moderate 7/10 low back pain and stiffness. Objective findings were notable for decreased range of motion of the lumbar spine to flexion and extension, tenderness to palpation of the lumbar paravertebral muscles with spasm and positive Nachlas and Milgram's testing bilaterally. Work status was documented as temporarily totally disabled. A request for authorization of Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2% 180 grams #1, Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% 180 grams #1, Durable medical equipment (DME) lumbar traction system, urine analysis, 6 sessions of acupuncture, 6 sessions of chiropractic treatment and Prilosec 20 mg #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2%, camphor 2%, 180gm, #1: 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: According to the California MTUS Guidelines (2009), topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. In this case, the topical analgesic contains Flurbiprofen, Menthol, Gabapentin, Camphor and Capsaicin. Gabapentin is not recommended and there is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. There is a lack of documentation that the injured worker is intolerant of other treatments or that there was a failure of first line therapy. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for authorization of this topical medication is not medically necessary.

Gabapentin 15%, amitriptyline 4%, dextromethorphan 10%, 180gm, #1: 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 Analgesic Page(s): 111-113.

Decision rationale: As per Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There was no documentation of a failure of antidepressant and anticonvulsant medication. As per MTUS, "Gabapentin is not recommended for topical application and there is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There were no extenuating circumstances documented to support the use of this medication. Therefore, the request for authorization of this compounded medication is not medically necessary.

Durable medical equipment (DME) lumbar traction system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Traction.

Decision rationale: As per ACOEM guidelines for the low back, traction has not been proven effective for lasting relief in the treatment of low back pain and it is not recommended. As per ODG, powered traction devices are not recommended but home-based patient controlled gravity traction may be a non-invasive treatment option if used as an adjunct to conservative care to achieve functional restoration. Generally guidelines do not support the use of traction for treatment of low back pain and there is no explanation as to the exact type of traction system being requested or any indication as to the reason for the request. The documentation is insufficient to support medical necessity. Therefore, the request for lumbar traction system is not medically necessary.

Urine analysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine Drug Testing.

Decision rationale: As per CA MTUS guidelines, for ongoing management of patients prescribed opioid medication, random frequent urine drug screens is one step to avoid misuse of opioids, especially for those at high risk of abuse. As per ODG, urine drug testing is recommended to monitor compliance with prescribed medication, identify the use of undisclosed substances and identify possible diversion. Urine drug testing is recommended at the start of treatment in a new patient who is already taking a controlled substance, when chronic opioid management is considered, in cases where a patient asks for a specific drug, if the patient has a positive or at risk addiction screen, or if aberrant behavior or misuse is suspected or detected. There is no indication that the injured worker was currently prescribed any opioid medications nor was there evidence of drug misuse, abuse or dependence in the submitted documentation. There is no indication that the injured worker was asking for a specific drug or that there was a history of substance abuse or a positive risk screen addiction. The physician doesn't indicate the reason for the urine analysis request. The documentation is insufficient to establish the medical necessity of the requested service. Therefore, the request for urine analysis is not medically necessary.

Acupuncture, 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per CA MTUS guidelines, "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." "Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)." The documentation submitted indicates that 6 sessions of acupuncture were being requested. There is no indication that the injured worker had undergone acupuncture treatments in the past so it appears that the request for acupuncture would be an initial trial. Therefore, based on the injured workers clinical presentation a trial of acupuncture appears appropriate and is medically necessary.

Chiropractic, 6 treatments: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: As per CA MTUS, manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions and is recommended as an option for low back pain. A trial of 6 visits of over 2 weeks is appropriate with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. There is no indication that the injured worker had undergone chiropractic treatment in the past so it appears that the request would be an initial trial. The utilization review references chiropractic treatment as having been received in the past but there is no documentation of this in the records received. The documentation shows that the injured worker was experiencing continued low back pain that was rated as 7/10, with decreased range of motion, tenderness to palpation and muscle spasm of the lumbar spine with positive Nachlas and Milgram's testing bilaterally. As per the guidelines, an initial trial of chiropractic treatment is an appropriate option for the treatment of low back pain. Therefore, the request is medically necessary.

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 300, 387-388, 397, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Topical Analgesics Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Pain (Chronic), Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Proton-Pump Inhibitors.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in patients who are taking NSAID medications, the risk of gastrointestinal risk factors should be determined. Recommendations indicate that patients are at high risk for these events if "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." As per ODG, proton-pump inhibitors are recommended in patients at risk for gastrointestinal events. The medical documentation submitted does not show that the injured worker is at increased risk for gastrointestinal events as per MTUS guidelines. There is no documentation that shows that the injured worker is currently taking multiple NSAID medications, the injured worker is not greater than 65 years of age and there is no documented history of gastrointestinal bleeding or peptic ulcers. There is also no documentation of any subjective gastrointestinal complaints or abnormal objective gastrointestinal examination findings. Therefore, the request for authorization of Prilosec 20 mg #60 is not medically necessary.