

Case Number:	CM15-0101939		
Date Assigned:	06/04/2015	Date of Injury:	06/25/2014
Decision Date:	07/08/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/27/2015

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: New York

Certification(s)/Specialty: Emergency 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 62 year old male, who sustained an industrial injury on June 25, 2014. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar sprain/strain and left shoulder sprain/strain. On March 26, 2015, an MRI of the left hip revealed a bilateral small joint effusion and a subchondral cyst in the femoral head. On April 23, 2015, a urine drug screen was positive for antidepressants, Bupropion metabolite abdomen Hydroxybupropion. Treatment to date has included activity modifications, physical therapy, prolonged rest, left shoulder trigger point injections, and medications. On April 23, 2015, the injured worker complains of moderate to sharp, burning low back pain with stiffness, heaviness, tingling, and cramping with tingling associated with cold weather and movement. The low back pain is rated 7/10. In addition, he complains of activity-dependent to constant severe left shoulder pain, which is dull, sharp, throbbing pain and tingling. The left shoulder pain is rated 8/10. The physical exam revealed decreased lumbar range of motion, tenderness to palpation and muscle spasm of the paravertebral muscles, Pain with Kemp's, and a positive left straight leg raise. There was decreased left shoulder range of motion, muscle spasm of the anterior shoulder, and TTO of the acromioclavicular joint, anterior shoulder, posterior shoulder, and supraspinatus. The requested treatments includes a urine toxicology screening including specimen collection and handling, as an outpatient, and medications including Tramadol, Pantoprazole, Naproxen Sodium, compound GCB - Gabapentin 10%, Cyclobenzaprine 6% Bupivacaine 5% in cream base, and compound FBD - Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2%, Camphor 2%/Capsaicin 0.025% in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Toxicology Screening including specimen collection and handling: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, LLC: Corpus Christi, TX: www.odg-twc.com; Section: Pain (Chronic) (updated 04/30/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing, opioids, drug screens, steps to avoid misuse/addiction Page(s): 77-80.

Decision rationale: Ca MTUS recommends drug testing as an option to "assess for the use or the presence of illegal drugs." Additional recommendations random drug testing, not at office visits. There are results from one urine drug screen in the record. The results are not discussed by the provider. In addition, the request for a UA drug screen does not specify what specifically is being tested. The specific content of the test should be listed, as many drug tests do not assay the correct drugs. The urine drug screen is not medically necessary based on lack of a clear collection and testing protocol, lack of details regarding the testing content and protocol, and lack of a current opioid therapy program, which is in accordance with the MTUS. The request for a urine drug screen is not medically necessary.

Tramadol: Strength: 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for neuropathic pain Page(s): 82-83.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommended for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a list of all the analgesic medications currently used or the IW response to each medication. There is not discussion of the IW functional status in relation to the different medications. It is unclear how long the IW has been taking Tramadol. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

Pantoprazole Strength: 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; section: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does document the IW has been taking Naproxen, but does not report any difficult or abdominal complaints related to this medication. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Without this supporting documentation, Pantoprazole is not medically necessary based on the MTUS.

Naproxen Sodium: Strength: 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, Anti-inflammatory medications Page(s): 66-68.

Decision rationale: According to CA MTUS chronic pain guidelines, Naproxen is a non-steroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are "recommended as an option for short term symptomatic relief" for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The documentation does not document a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. Additionally, the request does include frequency and dosing of this medication. The request is medically not necessary.

Compound GCB Gabapentin 10% Cyclobenzaprine 6% Bupivacaine 5% in cream base: 30 grams/72 hours supply given to patient from office; 240 grams will be mailed to patient's home: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Gabapentin. MTUS guidelines states that gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

Compound FBD Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2%/Capsaicin 0.025% in cream base: 30 grams/72 hours supply given to patient from office; 240 grams will be mailed to patient's home: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is baclofen. MTUS guidelines states that baclofen is not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.