

Case Number:	CM15-0104656		
Date Assigned:	06/09/2015	Date of Injury:	07/01/2008
Decision Date:	07/16/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/01/2015

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, New York, 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 50-year-old who has filed a claim for chronic neck, shoulder, and knee pain reportedly associated with an industrial injury of July 1, 2008. In a Utilization Review report dated May 13, 2015, the claims administrator failed to approve requests for a cervical traction device, topical compounded medications, and a urinalysis. The claims administrator referenced a RFA form and associated progress note dated April 20, 2015 in its determination. The applicant's attorney subsequently appealed. On said April 20, 2015 progress note, the applicant reported ongoing complaints of neck, low back, knee, and shoulder pain, 6-7/10. The applicant was using Norco for pain relief. The applicant did exhibit an antalgic gait. The attending provider stated that the applicant was working. Norco was refilled. The attending provider suggested that ongoing Norco usage was proving beneficial, despite the applicant's working in the field. Topical compounds were renewed. The applicant was asked to return to work. A home traction device was endorsed. Urine drug testing was also sought. The attending provider did not state when the applicant was last tested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction unit (over the door): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: No, the request for a cervical traction device was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, traction, i.e., the modality at issue, is deemed not recommended. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that passive modalities, as a whole, should be employed sparingly during the chronic pain phase of treatment. Here, the request for introduction of traction at this late stage in the course of the claim, thus, ran counter to principles articulated both on page 181 of the ACOEM Practice Guidelines and on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Flurbiprofen 20%/Cyclobenzaprine 5% 240gm: 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 flurbiprofen-cyclobenzaprine 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 cyclobenzaprine, the secondary ingredient in the compound, 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. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals, including Norco effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.

Gabapentin 10%/Ketoprofen 10%/Cyclobenzaprine 4%/Capsaicin 0.0375%/Menthol 2%/Camphor 2% 240gm: 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 gabapentin-containing 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, gabapentin, the primary ingredient in the compound, is not recommended for topical 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. As with the preceding request, the applicant's ongoing usage of first-line oral pharmaceuticals, including Norco, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.

Retro urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment / Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Finally, the request for retro urinalysis (AKA drug screen) 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. ODGs 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, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly state when the applicant was last tested. The attending provider did not detail the applicant's complete medication list on his progress note of April 20, 2015. The attending provider did not state what drug tests and/or drug panels he intended to test. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation when performing testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.