MAXIMUS Federal Services

Case Number:	CM15-0132513		
Date Assigned:	07/20/2015	Date of Injury:	10/28/2012
Decision Date:	08/20/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/09/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old male with an industrial injury dated 10/28/2012. The injured worker's diagnoses include L4-L5 spondylolisthesis, left leg radiculopathy, left knee osteoarthritis, and cervical spine disc protrusion at C5-C7. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/21/2015, the injured worker reported lumbar spine and left knee pain. The injured worker rated low back pain and left knee pain a 6/10. Objective findings revealed significant loss of range of motion in the left knee. Treatment plan consisted of total left knee arthroplasty, home exercise therapy, physical therapy and topical cream. The treating physician prescribed Flurbiprofen/Baclofen/Lidocaine 20%/ 5%/ 4% 180gm cream, physical therapy 2x4 for the lumbar spine and urine toxicology screen now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine 20%/ 5%/ 4% 180gm cream: 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): 111-113.

Decision rationale: The patient presents with pain affecting the low back and left knee. The current request is for Flurbiprofen/Baclofen/Lidocaine 20%/5%/4% 180gm cream. The treating physician report dated provides no rationale for the current request. Regarding compounded topical analgesics, MTUS states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines states the following regarding topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, the MTUS guidelines do not recommend the use of Lidocaine in a cream formulation, as outlined on page 112. Furthermore, since Lidocaine is not recommended, the entire compounded product is not supported. The current request is not medically necessary.

PT 2x4 Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the low back and left knee. The current request is for PT 2x4 Lumbar Spine. The treating physician report dated 6/22/15 (32B) states, Pending authorization for physical therapy to the lumbar spine. A report dated 5/21/15 (21A) states, I would like to request a short course of physical therapy two times a week for four weeks to the lumbar spine to increase functionality and decrease pain as he has had physical therapy in the past over a year ago that did increase function and decrease his pain. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The patient's status is not post-surgical. In this case, the patient has not received physical therapy in over a year and the treating physician has documented a significant change in function that requires a short course of physical therapy to help increase function and reduce pain. MTUS allows 8-10 sessions of PT and the current request is medically necessary.

Urine Toxicology Screen: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) online, Pain, Urine Drug Screen.

Decision rationale: The patient presents with pain affecting the low back and left knee. The current request is for Urine Toxicology Screen. The treating physician report dated 6/17/15 (26B) states, Request authorization for urine toxicology screen for next visit. The report goes on to state, at this time, a toxicology screen is requested as part of a pain-treatment agreement during opioid therapy. The potential for substance abuse presents a therapeutic selection dilemma in managing the patient. Urine toxicology screens are conducted to assess the current levels of prescription medication usage. This test will be utilized as a reference for future medication management protocols. MTUS page 77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." The medical records provided, show the patient has been taking Norco, Tylenol #3, Anexsia, and Ultram since at least 4/16/15 (56C). In this case, the treating physician notes that the patient has a potential for substance abuse and is requesting a UDS in order to monitor the patient's medication compliance. Furthermore, the patient is taking four different opioids and the current UDS's do not appear excessive or outside of the guidelines considering the patient is at risk of opioid abuse. The current request is medically necessary.