

Case Number:	CM15-0134920		
Date Assigned:	08/05/2015	Date of Injury:	03/29/2013
Decision Date:	09/17/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/13/2015

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: Internal 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 37 year old female, who sustained an industrial injury on 03-29-2013. She has reported subsequent low back, right wrist and bilateral lower extremity pain and was diagnosed with L5-S1 disc desiccation with large disc extrusion centrally and moderate canal stenosis, bilateral sacroiliac joint strain, right wrist sprain and right wrist ganglion cyst. Treatment to date has included medication. In a progress note dated 06-08-2015, the injured worker reported low back pain radiating to the bilateral lower extremities that was rated 8-9 out of 10 and right wrist and hand pain that was rated as 7 out of 10. Medication was noted to decrease pain from 8 out of 10 to a 4 out of 10. Objective findings were notable for an antalgic gait, tenderness to palpation over the radial compartment and dorsal compartment of the right wrist with limited range of motion secondary to pain and a palpable 1 cm mass over the medial dorsal aspect at the base of the wrist with tenderness to palpation. Work status was temporarily totally disabled. The physician noted that he wanted to place the injured worker on topical medication in an attempt to wean her from Motrin but did not indicate the reason and the physician did indicate that a prescription for Motrin would be written as well. The physician noted that the qualified medical examiner had recommended a panel of several labs and that those would also be ordered. A request for authorization of compound medication - Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% 180 gm and labs including rheumatoid panel, CBC with differential, ESR, CRP, ANA rheumatoid factor, HLA0B27 and uric acid was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% 180gm: 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: As per CA MTUS guidelines, topical analgesics are largely experimental in use with few studies to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Topical Baclofen is not recommended as there is no peer-reviewed literature to support use. Flurbiprofen, used as a topical non-steroidal anti-inflammatory drug (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). There is no documentation of a failure of first line therapeutic agents and the ingredients in this topical medication are not supported for use as per MTUS guidelines. Therefore, the request for Flurbiprofen 20%, Baclofen 5%, Lidocaine 4% 180 gm is not medically necessary.

Lab: Rheumatoid panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. In the treating provider's progress note dated 06-08-2015, the injured worker reported low back pain radiating to the bilateral lower extremities, right wrist and hand pain. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of blood tests can be found. The treating provider does not provide any rationale for lab test. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. Therefore, Requested Treatment: Lab: Rheumatoid panel is not medically necessary or appropriate.

Lab: CBC w/diff: 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: MTUS state use NSAIDS with caution in patients with moderate hepatic impairment, and not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Renal: Use of NSAIDs may compromise renal function. FDA Medication Guide is provided by FDA mandate on all prescriptions dispensed for NSAIDS. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Medical records do indicate use of NSAID'S, but there is no mention when CBC was done last. Review of submitted medical records do not provide clear rationale to support the appropriateness for the test in this injured worker, the medical necessity of the requested item has not been established. The request for CBC is not medically necessary.

Lab: ESR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. In the treating provider's progress note dated 06-08-2015, the injured worker reported low back pain radiating to the bilateral lower extremities, right wrist and hand pain. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of blood tests can be found. The treating provider does not provide any rationale for lab test. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. Therefore, Requested Treatment: Lab: ESR is not medically necessary or appropriate.

Lab: CRP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. In the treating provider's progress note dated 06-08-2015, the injured worker reported low back pain radiating to the bilateral lower extremities, right wrist and hand pain. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of blood tests can be found. The treating provider does not provide any rationale for lab test. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. Therefore, Requested Treatment: Lab: CRP is not medically necessary or appropriate.

Lab: ANA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. In the treating provider's progress note dated 06-08-2015, the injured worker reported low back pain radiating to the bilateral lower extremities, right wrist and hand pain. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of blood tests can be found. The treating provider does not provide any rationale for lab test. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. Therefore, Requested Treatment: Lab: ANA is not medically necessary or appropriate.

Lab: Rheumatoid factor: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. In the treating provider's progress note dated 06-08-2015, the injured worker reported low back pain radiating to the bilateral lower extremities, right wrist and hand pain. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of blood tests can be found. The treating provider does not provide any rationale for lab test. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. Therefore, Requested Treatment: Lab: Rheumatoid factor is not medically necessary or appropriate.

Lab: HLA0B27: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. In the treating provider's progress note dated 06-08-2015, the injured worker reported low back pain radiating to the bilateral lower extremities, right wrist and hand pain. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of blood tests can be found. The treating provider does not provide any rationale for lab test. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. Therefore, Requested Treatment: Lab: HLA0B27 is not medically necessary or appropriate.

Lab: Uric acid: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. In the treating provider's progress note dated 06-08-2015, the injured worker reported low back pain radiating to the bilateral lower extremities, right wrist and hand pain. In the submitted medical records, there is neither any mention of dates of prior lab tests, nor any prior reports of blood tests can be found. The treating provider does not provide any rationale for lab test. Within the information submitted, there is no compelling evidence presented by the treating provider that will help in making the determination for this request. Therefore, Requested Treatment: Lab: Uric acid is not medically necessary or appropriate.