MAXIMUS Federal Services

Case Number:	CM15-0137883		
Date Assigned:	08/06/2015	Date of Injury:	06/25/2013
Decision Date:	09/30/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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: Pediatrics, 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 56 year old male who sustained an industrial injury on 06-25-2013. Current diagnoses include cervicalgia, cervical radiculopathy, lumbago, lumbar radiculopathy, right hand pain, and right knee pain. Previous treatments included medications, cortisone injection, physical therapy, acupuncture, and home exercise program. Previous diagnostic studies included x-rays, MRI's, and urine toxicology screenings. Urine toxicology screening performed on 05-12-2015 was positive for amphetamines (amphetamine-methamphetamine), barbiturates, and ecstasy. Initial injuries occurred when the worker was removing towels from a dryer and the dryer began to move on its own causing immediate pain and stiffness in the right hand. Report dated 06-09-2015 noted that the injured worker presented with complaints that included continued neck and low back pain, radiating symptoms to the upper extremities, radiating symptoms to the bilateral lower extremity with associated numbness and tingling, and epigastric pain secondary to ibuprofen. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination was positive for straight leg raises on the right side, tenderness to palpation over the lumbar paraspinal muscles and cervical paraspinal muscles, and Spurling's test was positive on the right. The treatment plan included discontinuing ibuprofen due to side effects of epigastric pain, requests for Tramadol for break through pain for two weeks, continue tizanidine for muscle relaxation and compound analgesic cream containing lidocaine 10% ketoprofen 10% for symptomatic relief of pain in the lumbosacral and neck area, urinalysis is being requested to determine levels of prescription and presence of any non-prescription drugs, continued request for lumbar epidural steroid injection, and requests for cervical epidural steroid injection, and return in two weeks for re-evaluation. The treating physician documented that the

urine toxicology screen on 05-12-2015 was consistent with prescribed medications. There was not a current list of prescribed medications included. Disputed treatments include tramadol 50mg #45, tizanidine 2mg #60, compound cream (lidocaine 10% ketoprofen 10%), and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #45, Rx: 6/9/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: According to the California MTUS chronic pain, medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include 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. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Furthermore, the urine toxicology screening dated 05-12-2015 supports aberrant behavior. Therefore, the request for Tramadol 50mg #45 is not medically necessary.

Tizanidine 2mg #60, Rx: 6/9/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain." The medical records submitted support that the injured worker has chronic complaints and not an acute exacerbation. Also the physical examination performed on 06-09-2015 does not reveal any muscle spasms on physical exam. Furthermore, the urine toxicology screening supports aberrant behavior. Therefore, the request for Tizanidine 2mg #60 is not medically necessary.

Compound cream: Lidocaine 10%/Ketoprofen 10%, Rx: 6/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical analgesics Page(s): 56, 111-113.

Decision rationale: According to the MTUS chronic pain medical treatment guidelines, "topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended." "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED, such as gabapentin or Lyrica)." "Ketoprofen, a Non-steroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photocontact dermatitis. As topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary." The documentation submitted did not support that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. The treating physician's request did not include the quantity, or directions for use. As such, the prescription is not sufficient and not medically necessary. Also, at least one drug or drug class in not recommended. Therefore, the request for compound cream-lidocaine 10% and ketoprofen 10% are not medically necessary.

Urinalysis: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, On-going management of opioids, differentiation, dependence & addiction, Opiods screening for risk of addiction (tests) & opioids, steps to avoid misuse/addiction Page(s): 43, 78, 85-86, 90-91, 94-95.

Decision rationale: The California MTUS recommends drug testing as an option, "using a urine drug screen to assess for the use or the presence of illegal drugs." The documentation submitted included a urine drug screening dated 05-12-2015 was positive for amphetamines (amphetamine-methamphetamine), barbiturates, and ecstasy. The presence of these illegal drugs supports aberrant behaviors and further monitoring is required. Therefore, the request for urinalysis is medically necessary.