

Case Number:	CM15-0138178		
Date Assigned:	07/28/2015	Date of Injury:	10/28/2012
Decision Date:	08/26/2015	UR Denial Date:	07/10/2015
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: 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 injured worker (IW) is a 67 year old male who sustained an industrial injury on 10/28/2012. He reported falling backward into a hole while fixing a piece of machinery and injuring his neck, back, left ribs, upper extremity, bilateral knees, bilateral lower extremities and psyche. He later developed a sleep disorder. The injured worker was diagnosed as having: L4-L5 spondylo-
listhesis, Left leg radiculopathy, Left knee osteoarthritis, Cervical spine 3 mm disc protrusion at C5-C6 and C6-C7 all pre MRI dated 01/16/2013, Status post left total knee replacement on 06/05/2015. Treatment to date has included a left total knee replacement. Currently, the injured worker complains of lumbar spine, left knee, and left arm pain. The lumbar spine pain is rated as a 6 on the scale of 0-10 and left knee pain rated at a 5 on the scale of 0-10. The worker was referred by the nurse due to redness at the incision site and bleeding at the incision site and some yellow-tinged pus. He takes Tramadol for his pain that is rated as a 6 on the scale of 0-10 bringing it down to a 3- 4 after taking the medication. Motrin decreases his pain from a 5 to a 5. The medications allow him to ambulate for 10 minutes as opposed to 5 minutes without stopping due to pain. The treatment plan is to start an antibiotic for the discharge, and also start the topical Flurbiprofen 20%/Baclofen 5%/Lidocaine 4% cream 180gm for his back pain and wean him from the Tramadol. Home health visits are requested and he is to start physical therapy 06/19/2015. Prior urine drug screen was performed on 2/04/15. A request for authorization was made for the following: 1. Flurbiprofen 20%/Baclofen 5%/Lidocaine 4% cream 180gm. 2. Levaquin 750mg #14. 3. Urine Toxicology Screen. 4. Home Health Care for 4 hours per day, 5 days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Lidocaine 4% cream 180gm: 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: MTUS Guidelines are very specific that only FDA/Guideline approved agents are recommended for topical use. The Guidelines also state that if a compound contains a non-approved agent, that compound is not Guideline recommended. Guidelines specifically state that topical muscle relaxants (Baclofen) is not recommended, they also state that Lidocaine 4% is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The Flurbiprofen 20%/Baclofen 5%/Lidocaine 4% cream 180gm is not supported by Guidelines and is not medically necessary.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine drug screening.

Decision rationale: MTUS Guidelines support rationale use of drug screens when chronic opioids are utilized, however the Guidelines provide inadequate details regarding the type and medically reasonable frequency of testing. ODG Guideline support annual testing for low risk individuals which this person appears to be. No high risk issues are documented. There was a completed urine drug screen on 4/02/15 and there is no compelling reason to repeat the testing at this point in time. The request for the repeat urine toxicology screen is not supported by Guidelines and is not medically necessary.

Home Health Care for 4 hours per day, 5 days a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Home Health Services.

Decision rationale: MTUS Guidelines briefly addresses home health services as high level medical care only. It does not address home care needs such as ADL support or cooking. ODG Guidelines address this issue and this individual may qualify for limited home care post op, but the Guidelines specifically state that the frequency and duration has to be documented as part of the request. This request for home health (care) has no duration and is open ended. Guidelines do not support the request as written, the open ended request for Home Health Care for 4 hours per day, 5 days a week is not medically necessary.