MAXIMUS Federal Services

Case Number:	CM15-0141765		
Date Assigned:	07/31/2015	Date of Injury:	02/17/2015
Decision Date:	08/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/21/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 24 year old female, who sustained an industrial injury on 2-17-15. She reported being struck in her right knee by an object. The injured worker was diagnosed as having internal derangement of the right knee. Treatment to date has included diagnostics, knee immobilizer, therapy, and medications. A progress report (signed 3-25-2015) noted prescribed medications as Cyclobenzaprine, Protoxin, and Naproxen, along with topical compound creams. No gastrointestinal symptoms were noted. A progress report dated 4-15-2015 noted medication dispensed as Relafen and Omeprazole. No gastrointestinal complaints were noted. Urine toxicology was performed on 4-29-2015 and 5-27-2015. Currently, the injured worker complains of right knee pain with radiation to the foot, rated 8.5 out of 10, with numbness and tingling. Exam of the right knee noted decreased range of motion, tenderness to palpation, muscle spasm, and positive McMurray's test. The treatment plan included Protonix, Voltaren, Tramadol ER, and topical compound cream. Her work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Testing Page(s): 76-79, 99.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is documentation of prescription of controlled substance, Tramadol. The patient has already had urine drug screen on 4/29/2015 and 5/27/2015. There is no risk factor assessment, such as the utilization of the Opioid Risk Tool or SOAPP is apparent in the records, which would dictate the schedule of random periodic drug testing. Given this, this request is not medically necessary.

Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, PPI.

Decision rationale: Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, or a risk for gastrointestinal events with NSAID use. Furthermore, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.

HMPC2- Flurbiprofen 20% Baclofen 10% Dexamethasone Micro 0.2% Hyaluronic Acid 0.2% in cream base 240gm: 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: Regarding this request, one of the components requested is topical baclofen. Chronic Pain Medical Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page 113 of 127 state the following: "Topical Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen." Given these guidelines, the topical baclofen is not medically necessary. Since any formulation must have all components as recommended in order for the formulation to be medically necessary, this request is not medically necessary.