MAXIMUS Federal Services

Case Number:	CM15-0144341		
Date Assigned:	08/05/2015	Date of Injury:	09/14/1998
Decision Date:	09/23/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, Illinois
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 is a 54 year old female with an industrial injury dated 09-14-1998. Her diagnoses included cervical sprain, carpal tunnel syndrome, displacement of lumbar intervertebral disc without myelopathy and displacement of cervical intervertebral disc without myelopathy. Prior treatment included medications, Toradol injections, B 12 injections, rest, activity modification and heat. She presented on 05-22-2015 with complaints of pain in her wrists rated as 9 out of 10. She also complained of neck pain rating 9 out of 10 and lower back pain rated as 9 out of 10. She notes difficulty falling asleep, waking at night due to pain, headaches and decreased energy levels. Physical exam noted an antalgic gait favoring the right. Phalen's test was positive on both wrists and Tinel's sign was positive on the right wrist. Palpation of the cervical spine revealed moderate spinal tenderness, muscle guarding and spasms radiating to the bilateral shoulders. Lumbar spine revealed paraspinal muscle guarding and spasms bilaterally. Treatment plan included urine drug testing, autonomic nervous system and sudoscan testing, physical therapy and topical medications. The requested treatments are for: Urine drug screen testing; TGICE (Tramadol 8%, Gabapentin 10%, Menthol 2%, and Camphor 2%; PT 2 times a week for 6 weeks for lumbar spine, cervical spine; Flurbiprofen 20%; Autonomic nervous system and sudo scan testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 times a week for 6 weeks for lumbar spine, cervical spine: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 09-14-1998. Her diagnoses included cervical sprain, carpal tunnel syndrome, displacement of lumbar intervertebral disc without myelopathy and displacement of cervical intervertebral disc without myelopathy. Prior treatments have included medications, Toradol injections, B 12 injections, rest, activity modification and heat. The medical records provided for review do not indicate a medical necessity for PT 2 times a week for 6 weeks for lumbar spine, cervical spine. The Chronic Pain Physical Medicine treatment guidelines recommend a fading treatment of 8-10 visits followed by home exercise program. The 12 visits requested exceed the guidelines recommendation. Therefore the request is not medically necessary.

TGICE (Tramadol 8%, Gabapentin 10%, Menthol 2%, and Camphor 2%: 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: The injured worker sustained a work related injury on 09-14-1998. Her diagnoses included cervical sprain, carpal tunnel syndrome, displacement of lumbar intervertebral disc without myelopathy and displacement of cervical intervertebral disc without myelopathy. Prior treatments have included medications, Toradol injections, B 12 injections, rest, activity modification and heat. The medical records provided for review do not indicate a medical necessity for TGICE (Tramadol 8%, Gabapentin 10%, Menthol 2%, and Camphor 2%. The Topical Analgesics are largely experimental drugs primarily recommended for treatment of neuropathic pain that have failed treatment with antiepileptics and antidepressants. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. None of the agents in this compounded drug is recommended; therefore, the requested treatment is not medically necessary.

Flurbiprofen 20%: 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: The injured worker sustained a work related injury on 09-14-1998. Her diagnoses included cervical sprain, carpal tunnel syndrome, displacement of lumbar intervertebral disc without myelopathy and displacement of cervical intervertebral disc without myelopathy. Prior treatments have included medications, Toradol injections, B 12 injections, rest, activity modification and heat. The medical records provided for review do not indicate a medical necessity for: Flurbiprofen 20% The Topical Analgesics are largely experimental drugs primarily recommended for treatment of neuropathic pain that have failed treatment with antiepileptics and antidepressants. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. Flurbiprofen is not recommended; therefore, the requested treatment is not medically necessary.

Autonomic nervous system and sudo scan testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.mayoclinic.org. http://www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) SudoScan.

Decision rationale: The injured worker sustained a work related injury on 09-14-1998. Her diagnoses included cervical sprain, carpal tunnel syndrome, displacement of lumbar intervertebral disc without myelopathy and displacement of cervical intervertebral disc without myelopathy. Prior treatments have included medications, Toradol injections, B 12 injections, rest, activity modification and heat. The medical records provided for review do not indicate a medical necessity for Autonomic nervous system and sudo scan testing. The MTUS is silent on the topic; but the Official Disability Guidelines does not recommend sudo scanning. This guidelines states that there is a lack of evidence showing that this device improves patient management. The request is not medically necessary.

Urine drug screen testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 09-14-1998. Her diagnoses included cervical sprain, carpal tunnel syndrome, displacement of lumbar intervertebral disc without myelopathy and displacement of cervical intervertebral disc without myelopathy. Prior treatments have included medications, Toradol injections, B 12 injections, rest, activity modification and heat. The medical records provided for review do not

indicate a medical necessity for Urine drug screen testing. The MTUS states that urine drug screen is an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The MTUS has no recommendation on the frequency of testing, except that it should follow risk stratification. The Official Disability Guidelines recommends testing individuals at low risk of addiction/aberrant behavior be tested within six months of initiation of therapy then yearly after. The medical records indicate the injured worker is at low risk, and the worker was tested in 01/2015. Therefore, the requested test is not medically necessary.