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| Case Number: | CM15-0160585 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 01/08/1990 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 07/27/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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 63-year-old male, with a reported date of injury of 01-08-1990. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include cervical sprain and strain, thoracic sprain and strain, facet arthrosis, low back pain, and internal derangement of the knee. Treatments and evaluation to date have included oral medications. The diagnostic studies to date have included a urine drug screen dated 04-14-2014. The progress report dated 06-15-2015 indicates that the injured worker presented with complaints of low back pain. The physical examination showed tenderness to the bilateral trapezius muscles; decreased cervical range of motion; positive cervical compression; positive cervical distraction; and decreased lumbar range of motion. The treatment plan included a urine toxicology screen, Flurbiprofen-Diclofenac compound, LINT therapy once a week for six weeks for the lumbar spine, a TENS unit to be used at home, and Motrin 800mg, one by mouth two times a day with food. The injured worker is permanently disabled. The treating physician requested one urine toxicology screen, Flurbiprofen-Diclofenac compound, six LINT therapy sessions, TENS unit, and Motrin 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Urine Drug Testing (UDT).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that drug testing is recommended as an option, by using a urine drug screen to assess for the use or the presence of illegal drugs. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential; the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or 'at risk' addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. The injured worker had continued complaints of low back pain. He had a urine drug screen done on 04-14-2014. Review of Medical Records did not indicate substance abuse, non-compliance, or aberrant behavior. There was no documentation that the injured worker had been prescribed narcotic medications. The treating provider does not provide any documentation about the need for Urine Toxicology. Guidelines are not met; therefore, the request is not medically necessary.

1 prescription for Flurbiprofen-Diclofenac Compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." The guidelines state that topical analgesics are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." The medication is a combination of Flurbiprofen and Diclofenac. Both medications are non-steroidal anti-inflammatory drugs (NSAIDs). The MTUS indicates that topical non-steroidal anti-inflammatory drugs (NSAIDs) may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are Diclofenac formulations. Not all other topical NSAIDs are FDA approved. The guidelines indicate, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The treating physician's request did not include the concentration, quantity, site of application, or directions for use. As such, the

prescription is not sufficient and not medically necessary. For these reasons, the request for Flurbiprofen-Diclofenac compound is not medically necessary.

6 LINT therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Localized high-intensity neuro-stimulation; Hyper-stimulation analgesia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Hyper-stimulation analgesia.

Decision rationale: As per Official Disability Guidelines (ODG), localized intense neuro-stimulation therapy is not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer ([REDACTED]). Localized manual high-intensity neuro-stimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyper-stimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. In this case, there is no compelling evidence presented by the treating provider that indicates the need for this therapy in this injured worker. Based on the currently available information in the submitted Medical Records of this injured worker, and per review of guidelines, the medical necessity for Requested Treatment: 6 LINT therapy sessions has not been established. This request is not medically necessary.

1 TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that a TENS (transcutaneous electrical nerve stimulation) unit is not recommended as a primary treatment modality; however, a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used in addition to a program of evidence-based functional restoration. A trial may be appropriate for neuropathic pain and complex regional pain syndrome. The treating physician did not specify the location or length of time for which the injured worker is to use the TENS unit for. A treatment plan that includes the specific short and long-term goals of treatment with TENS unit cannot be located in the submitted Medical Records. There was no documentation if the unit was for rental or purchase. The guidelines state that a rental would be preferred over purchase during the trial. Therefore, the request for a TENS unit is not medically necessary.

1 prescription for Motrin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, to reduce pain so that activity and functional restoration can resume. The guidelines also indicate that long-term use may not be justified. The injured worker has been taking Ibuprofen since at least 09-22-2014. MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. The 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. Therefore, the Requested Treatment: 1 prescription for Motrin 800mg is not medically necessary.