

Case Number:	CM15-0194382		
Date Assigned:	10/08/2015	Date of Injury:	07/20/2010
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/02/2015

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

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 43 year old female who sustained an industrial injury on 7-20-2010. A review of medical records indicates the injured worker is being treated for lumbosacral musculoligamentous sprain strain, rule out lumbosacral spine discogenic disease aggravation, bilateral shoulder sprain strain exacerbation, right hip sprain strain aggravation, right hip contusion status post fall, bilateral knee contusion with bruises status post fall, and rule out right knee meniscal tear. Medical records date 9-4-2015 noted low back pain a 5 out of 10. Pain increased to 6 out of 10 with activities. There was bilateral shoulder pain rated a 4 out of 10 and increased to a 5 out of 10 with activities. Bilateral wrist-hand pain was rated 4 out of 10 and with activities a 5 out 10. Right hip pain was rated a 7 out 10 and an 8 out of 10 with activities. Bilateral knee pain was 7 out of 10 and 8 out of 10 with activities. Physical examination noted tenderness to the thoracic spine. There were muscle spasms and trigger points present. There was tenderness of the lumbar spine and spasms present. There was tenderness over the shoulders and upper arms. Range of motion was decreased. There was tenderness over the wrist with decreased range of motion. There was tenderness over the knees with limited range of motion. Treatment has included injections, acupuncture, ibuprofen, Advil, and Flurb (NAP) cream since at least 9-4-2015. Utilization review noncertified urine toxicology, Flurb NAP cream, and replacement or repair of UFO right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

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 under Urine Drug Testing.

Decision rationale: The patient presents on 09/04/15 with lower back pain rated 6/10, bilateral shoulder pain rated 4-5/10, bilateral wrist/hand pain rated 4-5/10, right hip pain rated 7/10, bilateral knee pain rated 7-8/10, and associated depression and anxiety. The patient's date of injury is 07/20/10. The request is for Urine toxicology. The RFA is dated 09/04/15. Physical examination dated 09/04/15 reveals tenderness to palpation of the thoracic spine with spasms and trigger points noted in the upper thoracic region, tenderness to palpation of the lumbar spinous processes and paraspinal musculature from L3 through L5, and positive straight leg raise test bilaterally. The provider also notes tenderness to palpation of the anterior aspect of the bilateral shoulder, positive impingement sign bilaterally, tenderness to palpation of the bilateral wrists, with positive Phalen's sign noted bilaterally. Lower extremity examination reveals bruises and swelling in the right knee, and right leg atrophy secondary to childhood polio, with tenderness to palpation of the anterior aspects of the bilateral knees and reduced range of motion bilaterally (right greater than left). The patient is currently prescribed Flurbi-Nap cream. Patient is currently classified as temporarily totally disabled until 10/19/15. MTUS Guidelines, Drug Testing Section, Page 43 states: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain chapter under Urine Drug Testing states: Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In regard to a urine drug screen, the requesting physician has not provided a reason for the request. The request under review is apparently retrospective for urine drug screening performed point of care during a visit on 09/04/15. While guidelines support such screening to confirm patient compliance with narcotic medications, this patient is not currently prescribed any medications of this class. Without a rationale as to why this patient requires urine drug screening, a stated intent to prescribe Opioid medications, or evidence of current opioid/narcotic medication utilization, the request cannot be substantiated. The request is not medically necessary.

Flurb NAP Cream-LA Flurbiprofen 20 Percent/Lidocaine 5 Percent/ Amitriptyline 5 Percent 180 Gram: Upheld

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

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

Decision rationale: The patient presents on 09/04/15 with lower back pain rated 6/10, bilateral shoulder pain rated 4-5/10, bilateral wrist/hand pain rated 4-5/10, right hip pain rated 7/10, bilateral knee pain rated 7-8/10, and associated depression and anxiety. The patient's date of injury is 07/20/10. The request is for Flurb NAP Cream-LA Flurbiprofen 20 percent/Lidocaine 5 percent/Amitriptyline 5 percent 180 gram. The RFA is dated 09/04/15. Physical examination dated 09/04/15 reveals tenderness to palpation of the thoracic spine with spasms and trigger points noted in the upper thoracic region, tenderness to palpation of the lumbar spinous processes and paraspinal musculature from L3 through L5, and positive straight leg raise test bilaterally. The provider also notes tenderness to palpation of the anterior aspect of the bilateral shoulder, positive impingement sign bilaterally, tenderness to palpation of the bilateral wrists, with positive Phalen's sign noted bilaterally. Lower extremity examination reveals bruises and swelling in the right knee, and right leg atrophy secondary to childhood polio, with tenderness to palpation of the anterior aspects of the bilateral knees and reduced range of motion bilaterally (right greater than left). The patient is currently prescribed Flurbi-Nap cream. Patient is currently classified as temporarily totally disabled until 10/19/15. MTUS guidelines, Topical Analgesics Section, under Lidocaine Indication states: "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS Guidelines, Topical Analgesics section, page 111 also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the Flurbi-Nap cream, the requested cream is not supported by MTUS guidelines. Lidocaine is not supported by MTUS in any topical formulation other than patch form. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis and the provider has not specified where the requested cream it is to be applied. MTUS guidelines do not support anti-depressant medications in topical formulations, and specifically state that any topical compound which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.

Replacement or Repair of UFO Right Knee Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) chapter under Knee Brace.

Decision rationale: The patient presents on 09/04/15 with lower back pain rated 6/10, bilateral shoulder pain rated 4-5/10, bilateral wrist/hand pain rated 4-5/10, right hip pain rated 7/10, bilateral knee pain rated 7-8/10, and associated depression and anxiety. The patient's date of injury is 07/20/10. The request is for Replacement or repair of UFO right knee brace. The RFA is dated 09/04/15. Physical examination dated 09/04/15 reveals tenderness to palpation of the

thoracic spine with spasms and trigger points noted in the upper thoracic region, tenderness to palpation of the lumbar spinous processes and paraspinal musculature from L3 through L5, and positive straight leg raise test bilaterally. The provider also notes tenderness to palpation of the anterior aspect of the bilateral shoulder, positive impingement sign bilaterally, tenderness to palpation of the bilateral wrists, with positive Phalen's sign noted bilaterally. Lower extremity examination reveals bruises and swelling in the right knee, and right leg atrophy secondary to childhood polio, with tenderness to palpation of the anterior aspects of the bilateral knees and reduced range of motion bilaterally (right greater than left). The patient is currently prescribed Flurbi-Nap cream. Patient is currently classified as temporarily totally disabled until 10/19/15. Official Disability Guidelines, Knee & Leg (Acute & Chronic) chapter under Knee Brace, provides following criteria for the use of knee brace: Refabricated knee braces may be appropriate in patients with one of the following conditions: 1. Knee instability; 2. Ligament insufficiency/deficiency; 3. Reconstructed ligament; 4. Articular defect repair; 5. Avascular necrosis; 6. Meniscal cartilage repair; 7. Painful failed total knee arthroplasty; 8. Painful high tibial osteotomy; 9. Painful unicompartmental osteoarthritis; 10. Tibial plateau fracture. While ODG does not specifically address the use of this particular brand of knee brace, the request is appropriate. Per progress note 09/04/15, the provider states that this patient's current right knee brace causes her pain when worn, and desires a better-fitting brace. While this patient does not present with any of the conditions for which knee bracing is generally utilized, it is indicated that there is some degree of atrophy and instability of the knee secondary to childhood polio. Given this patient's presentation and the discussion regarding this patient's current brace fitting poorly and causing her pain, a replacement brace is an appropriate measure. Therefore, the request is medically necessary.