

Case Number:	CM15-0206031		
Date Assigned:	11/19/2015	Date of Injury:	09/27/2001
Decision Date:	12/31/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/20/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 9-27-01. He reported left knee and low back pain. The injured worker was diagnosed as having internal derangement of the knee, chronic pain syndrome, sprain of lateral collateral ligament of the knee, sprain of ligaments of the thoracic spine, generalized anxiety disorder, dysthymic disorder, low back pain, and lumbar intervertebral disc disorder. Treatment to date has included a Toradol injection, ACL reconstruction with left patellar chondroplasty and lateral release in 2002, synovectomy and lateral meniscectomy in 2008, a left unicompartmental knee replacement in 2010, and medication including Subutex and Flurbiprofen 10%-Baclofen 2%-Cyclobenzaprine 2%-Gabapentin 6%-Lidocaine 5%. The injured worker had been using Flurbiprofen 10%-Baclofen 2%-Cyclobenzaprine 2%-Gabapentin 6%-Lidocaine 5% cream since at least September 2015. On 9-8-15, pain was rated as 6 of 10 without medication and 5 of 10 with medication. 10-23-15 pain was rated as 8 of 10 without medication and 4 of 10 with medication. On 10-23-15 the treating physician noted "the patient did exceedingly well with only 10 days of treatment in the NESP-R program." On 10-23-15, the injured worker complained of low back pain radiation to bilateral legs, headaches, anxiety, and depression. On 10-23-15 the treating physician requested authorization for a urine drug screen, 2 weeks of NESP-R program, and Flurbiprofen 10%- Baclofen 2%-Cyclobenzaprine 2%-Gabapentin 6%-Lidocaine 5% 240g. On 9-22-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Drug Screen.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online version 2015. Drug screens.

Decision rationale: The ODG states that individuals considered at low risk for aberrant behavior should be screened within 6 months of the initiation of therapy and then on a yearly basis thereafter. This patient has already had 3 urine drug screens this year with consistent results. Likewise, this request is not medically necessary.

Flurbiprofen 10%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 5 % 240g: 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: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Gabapentin. The requested topical analgesic contains Gabapentin. MTUS guidelines specifically state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Likewise, this request is not medically necessary.

2 Weeks of NESP-R program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The NESP-R program is a Functional Restoration Program. MTUS guidelines recommend Functional Restoration Programs for certain individuals who require physical and psycho-social assistance in returning to work. These programs are not recommended for those individuals with negative predictors of success. This patient carries a diagnosis of chronic pain related anxiety and depression, and these are considered negative predictors of success. This request has apparently been non-certified on multiple occasions for this reason. Likewise, this request is not medically necessary.