

Case Number:	CM15-0215987		
Date Assigned:	11/05/2015	Date of Injury:	08/05/2015
Decision Date:	12/21/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/02/2015

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: 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 35 year old injured worker who sustained an industrial injury on August 5, 2015. Medical records indicated that the injured worker was treated for low back pain. Medical diagnoses include lumbar strain sprain with radiculopathy. In the provider notes dated September 10, 2015 the injured worker complained of low back pain. His pain is worse with prolonged standing, twisting, walking, lifting, bending, stooping and squatting. He rates his pain a 5 on the pain scale without activities and 8 on the pain scale with activities. He complains of depression and anxiety due to his pain and difficulty performing activities of daily living. He states he since the age of 5 he has been an epileptic. He states his last seizure was August 18, 2015 and he has seizures up to five times per month. On exam, the documentation stated that there was "+2 tenderness and spasms over the bilateral lumbar paraspinals, quadratus lumborum, and gluteal." There was decreased range of motion. The treatment plan is for medication, MRI of the lumbar spine, CYP450 pharmacological assay for medical therapy management, and physical therapy. He will return to modified work from September 10, 2015 to October 12, 2015. A Request for Authorization was submitted for MTHFR gene analysis common variants 81225, 81227, 81226, 81401, 81355, 81241, 81291; CYP2D6 gene analysis common variants molecular pathology procedure level 2; CYP2C19 gene analysis common variants CYP2CB gene analysis common variants VKORVI gene anal. The Utilization Review dated October 1, 2015 denied the request for MTHFR gene analysis common variants 81225, 81227, 81226, 81401, 81355, 81241, 81291; CYP2D6 gene analysis common variants molecular pathology procedure level 2; CYP2C19 gene analysis common variants CYP2CB gene analysis common

variants VKORVI gene anal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacogenetic 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 (ODG), Pain - Cytokine DNA testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Pharmacogenetic testing/pharmacogenomics.

Decision rationale: As per Official Disability Guidelines (ODG) Pharmacogenetic testing is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. The notes submitted by treating provider do not indicate why this requested treatment is needed. The Requested Treatment: Pharmacogenetic testing is not medically necessary.

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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--Magnetic resonance imaging (MRI).

Decision rationale: As per Official Disability Guidelines (ODG) - MRI (magnetic resonance imaging) is indicated for Lumbar spine trauma: trauma, neurological deficit, Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), Uncomplicated low back pain, suspicion of cancer, infection, other "red flags", Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit, Uncomplicated low back pain, prior lumbar surgery, Uncomplicated low back pain, cauda equina syndrome, Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset, Myelopathy, stepwise progressive, Myelopathy, slowly progressive, Myelopathy, infectious disease patient, Myelopathy, oncology patient. As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs, and the treating provider notes normal neurological exam, and

there are no red flags. Therefore, the request for MRI Lumbar spine is not medically necessary or appropriate.

Compound medication: Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.026% 180gm, apply 2-3 times per day, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Topical analgesics.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Flurbiprofen is used as a topical NSAID. It has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). MTUS states that gabapentin is not recommended topically. There is no peer-reviewed literature to support its use. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. In this injured worker, the medical necessity for the requested topical cream has not been established. Therefore, as per guidelines stated above, the requested treatment: Compound medication: Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.026% 180gm, is not medically necessary.

Compound medication: Flurbiprofen 2.5% and Cyclobenzaprine 2% 180gm, apply 2-3 times per day, #1: 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), Pain - Topical analgesics.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate.

Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Flurbiprofen is used as a topical NSAID. It has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Cyclobenzaprine is a centrally acting skeletal muscle relaxant and is not recommended for topical application. There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. In this injured worker, the request for topical cream is not medically necessary and has not been established.