

Case Number:	CM15-0039996		
Date Assigned:	03/10/2015	Date of Injury:	09/23/2014
Decision Date:	04/23/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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: Arizona, Michigan

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 45-year-old female, who sustained an industrial injury on September 23, 2014. She reported a slip, fall with injuries to the neck, back, legs, and knee patella. The injured worker was diagnosed as having right elbow/forearm sprain/strain, contusion of the right elbow/forearm and tendonitis of the right elbow/forearm. Treatment to date has included physical therapy, medication, elbow sleeve and diagnostic studies. Currently, the injured worker complains of neck pain, which radiates in the pattern of the bilateral C5 and C6 dermatomes. She reports pain in the mid/upper back, lower back, right elbow/forearm, right knee and right foot/ankle. She rates her pain from 6-8 on a 10-point scale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Gabapentin/Menthol/Camphor/Capsaicin (TG Hot) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111; 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended for topical use. A review of the injured workers medical records do not show a failed trial of other recommended first line treatments and the requested topical compound contains more than one drug that is not recommended therefore the request for Tramadol/Gabapentin/Menthol/Camphor/Capsaicin (TG Hot) 180gm is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS/ ACOEM states that lumbar spine imaging should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me show that there has been no emergence of any red-flags that would warrant imaging, there was also no documentation of surgical considerations and therefore based on the injured workers clinical presentation and the guidelines the request for MRI of lumbar spine is not medically necessary at this time.

Extracorporeal Shock Wave Therapy, 4 sessions for right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Study by Gerdesmeyer (2003).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (acute and chronic) /Extracorporeal shock wave therapy (ESWT).

Decision rationale: Per MTUS / ACOEM, there is a strong recommendation against using extracorporeal shock wave therapy. Quality studies that are available on extracorporeal shock wave therapy in acute, subacute and chronic lateral epicondylagia have not shown any benefits. It is moderately costly and has some short-term side effects. Per the ODG, if the decision is made

to use this treatment despite the lack of convincing evidence then no more than 3 sessions are recommended over a 3-week period. A review of the injured workers medical records do not reveal anything that would warrant deviating from the guidelines, therefore the request for Extracorporeal Shock Wave Therapy, 4 sessions for right elbow is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 78.

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 screen.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, however the MTUS did not address frequency of drug testing therefore other guidelines were consulted. Per the ODG Urine drug, testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. 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. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with co-morbid psychiatric pathology. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. A review of the injured workers medical records that are available do not show evidence of risk stratification in the injured worker, there is no mention of co-morbid psychiatric disorders, active substance abuse disorders or intention to begin opioid therapy, also her current medication regimen does not include opioids, therefore the request for Urine toxicology screen is not medically necessary at this time.

Fluriflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Muscle relaxants are not recommended for topical use. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and therefore the request for Fluriflex (flurbiprofen/ cyclobenzaprine) 180 gm is not medically necessary.

Physical therapy x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Lumbar and Thoracic Chapter, Elbow Chapter.

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified, the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that she has already had physical therapy although the quantity and subjective and objective pain and functional gains were not documented in the medical records that were available to me. The request for physical therapy 12 visits exceeds the guideline recommendations and there is nothing in the injured workers clinical presentation that would warrant deviating from the guidelines, therefore the request for physical therapy 12 visits is not medically necessary.