

Case Number:	CM15-0048088		
Date Assigned:	03/20/2015	Date of Injury:	05/18/2006
Decision Date:	05/06/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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, Pain Management

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 72 year old male, who sustained an industrial injury on May 18, 2006. He was initially seen for low back pain. The injured worker was diagnosed as having closed fracture of ribs, contusion of hip, lumbar nonalopathic lesion, lumbosacral neuritis, and lumbar stenosis. Treatment to date has included medications, urine drug screening, and chiropractic care. On December 23, 2014, a urine drug screen with non-detected results. On February 11, 2015, he was seen for low back pain with radiation to the left lower extremity and associated numbness and tingling. The records indicate he is doing well with home exercising. The request is for re-examination one time per month, and urine testing, and Flurbiprofen 20%/Backlofen/Dexamethasone/Pantehmol, and Compound Amitriptyline 10% Gabapentin /Bupivacaine/Panthenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-examination, 1 time per month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for a re-examination 1 time per month, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient is not currently taking any medications that warrant routine reevaluation. Additionally, there is no clear indication for a one month follow up visit. In light of the above issues, the currently requested re-examination 1 time per month is not medically necessary.

Urine testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 90. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the patient is not taking a controlled substance medication. The patient recently underwent a urine drug screen that was within normal limits. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested urine toxicology test is not medically necessary.

Flurbiprofen 20%/ Baclofen/ Dexamethasone/ Panthenol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding request for a topical compound, the requested topical compound is a combination of flurbiprofen 20%/baclofen/dexamethasone/panthenol. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical non-steroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical muscle relaxants, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. In the absence of clarity regarding those issues, the currently requested topical compound of flurbiprofen 20%/baclofen/dexamethasone/panthenol is not medically necessary.

Compound: Amitriptyline 10%/ Gabapentin/ Bupivacaine/ Panthenol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding request for a topical compound, the requested topical compound is a combination of amitriptyline 10%/gabapentin/bupivacaine/panthenol. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of amitriptyline, guidelines do not support the use of topical antidepressants. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support the use of topical anti-epileptic medications. Regarding the use of topical bupivacaine, guidelines state that lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. As such, the currently requested topical compound of amitriptyline 10%/gabapentin/bupivacaine/panthenol is not medically necessary.