MAXIMUS Federal Services

Case Number:	CM15-0048341		
Date Assigned:	03/20/2015	Date of Injury:	06/07/2007
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
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: Texas, Florida, California
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:

This 61 year old male sustained an industrial injury to the lumbar spine, bilateral knees, bilateral shoulders, bilateral wrists and bilateral elbows via cumulative trauma from 5/3/78 to 6/7/07. Previous treatment included magnetic resonance imaging, medications, physical therapy, chiropractic therapy, cognitive behavioral therapy and psychotherapy. In a PR-2 dated 1/23/15, the injured worker complained of low back pain associated with bilateral lower extremity radicular symptoms ranging from 3-9/10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tenderness to palpation to the bilateral paraspinal musculature with hypertonicity and spasms, positive bilateral straight leg raise and limited range of motion. Current diagnoses included lumbar spine sprain/strain with multilevel degenerative disc disease, bilateral shoulder tendinitis and sprain/strain, bilateral elbow epicondylitis, bilateral wrist tendinitis and bilateral knee patellofemoral arthralgia. The treatment plan included laboratory studies, heat application, off the shelf lumbar spine support, random urine study and medications (Ultram ER, Zanaflex, Neurontin and Dendracin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ultram ER 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 12,13 83 and 113 of 127.

Decision rationale: Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is retrospectively not certified. Therefore, the requested treatment is not medically necessary.

Retro Zanaflex 2 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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): 64 of 127.

Decision rationale: Regarding muscle relaxants like Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request was appropriately non-certified. Therefore, the requested treatment is not medically necessary.

Dendracin Lotion 120 ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 of 127.

Decision rationale: Dendracin is a compounded topical analgesic, which contains Methyl Salicylate 30 percent, Capsaicin 0.0375 percent, Menthol USP 10 percent and other proprietary ingredients. Chronic Pain Medical Treatment Guidelines note that topical analgesics are

recommended as an option in certain circumstances. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025 percent formulation (as a treatment for osteoarthritis) and a 0.075 percent formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375 percent formulation of capsaicin and there is no current indication that this increase over a 0.025 percent formulation would provide any further efficacy. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. CA MTUS also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Without evidence-based guideline to support the formulation of capsaicin in the compounded Dendracin cream as well as no evidence of failure of first-line treatment, medical necessity is not established. Therefore, the requested treatment is not medically necessary.

Retro Replacement Off-The-Shelf Lumbar Spine Support: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ACOEM, Chapter 12, Low back, page 298.

Decision rationale: The California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the claimant is well past the acute phase of care. There is no evidence of lumbar spinal instability, or spondylolisthesis. Therefore, this request for a replacement is appropriately not certified. Therefore, the requested treatment is not medically necessary.

Lab Blood Studies (CMP, W/C, GFR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health http://www.nhlbi.nih.gov/health/health-topics/topics/bdt/.

Decision rationale: The MTUS and ODG are silent on blood tests. Other resources were examined. The National Institutes of Health notes that blood tests check for certain diseases and conditions, the function of your organs, show how well treatments are working, diagnose diseases and conditions such as cancer, HIV/AIDS, diabetes, anemia, and coronary heart disease,

find out if there are risk factors for heart disease, check whether medicines are working, or if blood is clotting. In this case, the doctor does not disclose the basis for the blood tests; and it is not clear the impact on improving the patient's functionality post injury. There was insufficient information to do a valid review of clinical necessity of the proposed service. The request is appropriate non-certified under the medical sources reviewed. Therefore, the requested treatment is not medically necessary.

Retro Random Urine Sample: 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).

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): 43 of 127.

Decision rationale: Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction.There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately non-certified under MTUS criteria. Therefore, the requested treatment is not medically necessary.