

Case Number:	CM15-0076538		
Date Assigned:	05/05/2015	Date of Injury:	12/12/2014
Decision Date:	09/09/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

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 47 year old female who sustained an industrial injury on December 12, 2014. She has reported injury to the head, neck, and back and has been diagnosed with cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain, and headaches, history of head injury. Treatment has included medication and modified work duty. Currently the injured worker complains of some tenderness in the posterior cervical spine and paracervical musculature with increased muscular tone. The treatment request included flexeril, topical medication, physical therapy, x-ray, consultation, and functional improvement measurement, pharmacological assay for medication therapy management, M+ HMPHCC2, and HNPCC1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter -- Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records show that the injured worker has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Dexamethasone 0.2%; Menthol 2%; Camphor 2%; Capsaicin 0.025%; Hyaluronic acid 0.2% QTY 1: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants 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. Based on the currently available medical information for review, the request is not medically necessary.

HNPCC1 (Regular Strength) Compound Med 240gm in cream base QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants 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. Based on the currently available medical information for review, the request is not medically necessary.

Physical Therapy QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

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

Decision rationale: The prescription for Physical Therapy is evaluated in light of the MTUS recommendations for Physical Therapy MTUS recommends: 1) Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 2) Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The records indicate the injured worker had no functional benefit from prior physical therapy visits. Also there is no mention of any significant change of symptoms or clinical findings, or acute flare up to support PT. The request does not specify for what body parts it is requested. The request for physical therapy is not medically necessary and appropriate.

X-ray cervical spine QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter -- Radiography (x-rays).

Decision rationale: As per ODG, criteria for imaging, Plain X-rays: Cervical spine trauma, unconscious; Cervical spine trauma, impaired sensorium (including alcohol and/or drugs); Cervical spine trauma, multiple trauma and/or impaired sensorium. Cervical spine trauma (a serious bodily injury), neck pain, no neurological deficit. Cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet. Cervical spine trauma, alert, cervical tenderness.

Chronic neck pain (after 3 months conservative treatment), patient younger than 40, no history of trauma, first study. Chronic neck pain, patient younger than 40, history of remote trauma, first study. Chronic neck pain, patient older than 40, no history of trauma, first study. Chronic neck pain, patient older than 40, history of remote trauma, first study. Chronic neck pain, patients of any age, history of previous malignancy, first study. Chronic neck pain, patients of any age, history of previous remote neck surgery, first study. Post-surgery: evaluate status of fusion. From the submitted Medical Records it is unclear how the X-ray will change the management. The injured worker has no progressive neurological deficits, no new red flags, and no recent acute injury. Without such evidence and based on guidelines cited, the request for X-ray Cervical spine is not medically necessary and appropriate.

X-ray thoracic spine QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter Radiography (x-rays).

Decision rationale: As per ODG, X-ray of spine is recommended for history of direct trauma, any evidence of neurologic deficit or persistent pain, chronic, slow onset of pain, especially if it is increasing or night pain. A history of systemic disease such as cancer, long-term steroid therapy, or alcohol abuse, patients over 50 years of age with any question of etiology of symptoms. From the submitted Medical Records it is unclear how the X-ray will change the management. The injured worker has no progressive neurological deficits, no new red flags, and no recent acute injury. Without such evidence and based on the guidelines, the requested treatment: X-ray thoracic spine is not medically necessary and appropriate.

Internal Medicine Consult QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational & Environmental Medicine (ACOEM), Occupational Medicine Practice Guidelines, Second Edition, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Office visits.

Decision rationale: Official Disability Guidelines (ODG) recommends office visits as determined to be medically necessary. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of

necessity for an office visit requires individualized case review and assessment. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do not indicate why referral is needed. Medical records are not clear about any change in injured worker's chronic symptoms. The treating provider does not specify what the concerns are that need to be addressed by the specialist. Given the lack of documentation and considering the given guidelines, the request is not medically necessary.

Cervical Spine Functional Improvement Measurement with Functional Improvement Measures QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48, 49, 308-310 and 181-185.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 40.

Decision rationale: Functional improvement measurement is recommended for demonstrating maintenance and improvement in function. No specific guidelines are offered by NIOSH website (www.cdc.gov/niosh). There is no need for any special techniques. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc. (Oswestry, DASH, VAS, etc.) Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. The functional improvement testing can be done in a clinical setting on routine office visits and there is no need for specialized testing. Therefore, Cervical Spine Functional Improvement Measurement with Functional Improvement Measures is not medically necessary and appropriate.

Thoracic Spine Measurement with Functional Improvement Measures QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48, 49, 308-310 and 181-185. Char Format.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 40.

Decision rationale: Functional improvement measurement is recommended for demonstrating maintenance and improvement in function. No specific guidelines are offered by NIOSH website (www.cdc.gov/niosh). There is no need for any special techniques. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc. (Oswestry, DASH, VAS, etc.) Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be documented in degrees. Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. The functional improvement testing can be done in a clinical setting on routine office visits and there is no need for specialized testing. Therefore, the requested treatment: Thoracic Spine Measurement with Functional Improvement Measures is not medically necessary and appropriate.

3A4/3A5 VKORC1 Factor II Factor and Mthfr Pharmaceuticals Assay for Medication Therapy Management QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines 11th Edition, Online Chapter on Chronic Pain (updated 3/21/13), Genetic testing for potential opioid abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter--Pharmacogenetic testing/pharmacogenomics opioids & chronic non-malignant pain.

Decision rationale: As per Official Disability Guidelines (ODG) 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: 3A4/3A5 VKORC1 Factor II Factor and Mthfr Pharmaceuticals Assay

for Medication Therapy Management is not medically necessary.

Pharmacological Assay for Medication Therapy Management QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter (updated 1/20/12).

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-- Genetic testing for potential opioid abuse.

Decision rationale: As per ODG, Testing is not recommended except in a research setting. In many complex trials evaluating the effect of opioids on pain, population-based genetic association studies have had mixed success and reproducibility has been poor. Evidence is not yet sufficiently robust to determine association of pain-related genotypes and variability in opioid analgesia in human studies. There are currently multiple challenges in using this technique in the context of pain: (1) the phenotypes involved are multifaceted; (2) pain perception has a subjective nature; (3) response to analgesia can also be subjective; (4) there is a wide inter-individual pharmacologic range in response to drugs. The range in which genetic factors are thought to play a role in pain perception is from 12% to 60%. Gender and age also play a role. There are no published guidelines for generalized testing of the cytochrome system outside of certain populations (specific cancers, patients requiring anticoagulation, and human immunodeficiency virus patients). The notes submitted by treating provider do not indicate why this requested treatment is needed. This Requested Treatment: Pharmacological Assay for Medication Therapy Management is not medically necessary.

Retro (DOS 3/10/15): HMPHCC2 (regular strength) QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants 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. Based on the currently available medical information for review, there is no documentation why this particular cream is requested; the

medical necessity for this cream has not been established. The request is not medically necessary.

Retro (DOS 3/10/15): HNPCC1 (regular strength) QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants 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. Based on the currently available medical information for review, there is no documentation why this particular cream is requested; the medical necessity for this cream has not been established. The request is not medically necessary.