

Case Number:	CM15-0088543		
Date Assigned:	05/14/2015	Date of Injury:	08/26/2013
Decision Date:	07/23/2015	UR Denial Date:	04/26/2015
Priority:	Standard	Application Received:	05/07/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained industrial injuries on August 26, 2013 while working in a warehouse. The injuries occurred as a result of his usual and customary duties. The injured worker has been treated for neck, back, shoulders, elbows, wrists, hands, right knee and right foot complaints. The diagnoses have included cervical sprain/strain, thoracic sprain/strain, lumbosacral sprain/strain, right shoulder sprain/strain, left shoulder tendinitis, left shoulder impingement syndrome, right elbow epicondylitis, left elbow sprain/strain, bilateral carpal tunnel syndrome, right knee meniscal tear, right ankle sprain/strain, major depressive disorder and insomnia. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, chiropractic treatments, injections, extracorporeal shockwave treatment, psychological evaluations and a function capacity evaluation. Current documentation dated March 3, 2015 notes that the injured worker reported, non-radiating low back pain, right knee pain, left shoulder pain and right elbow pain radiating to the right wrist with associated right thumb and index finger numbness. Examination of the left shoulder revealed tenderness and a decreased range of motion. An impingement sign was positive. Right elbow examination revealed tenderness of the lateral epicondyle. Range of motion was full and painless. Bilateral wrist examination revealed a full range of motion and a questionably positive Tinel's sign on the right. Lumbar spine examination noted mild paralumbar tenderness. A straight leg raise test on the right caused pain at fifty degrees. Tenderness to palpation was also noted on the medial joint line of the right knee. The treating physician's plan of care included retrospective requests for one urine toxicology, acupuncture treatments # 10, Cyclobenzaprine 7.5 mg # 60, Fluriflex 180 mg and TGHOT 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 urine toxicology completed 5/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The patient presents with industrial injuries sustained while working in a warehouse. The current request is for retrospective request for 1 urine toxicology completed 5/28/14. The treating physician states, in a report dated 04/09/14, "Urine toxicology testing is administered for medication monitoring, authorization is requested for same." (19C) The MTUS guidelines state, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines, Pain Chapter, Urine Drug Testing, provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. In this case, the treating physician has documented no fewer than six UDSs since 9/11/13. None of the reports show the presence of opioids or narcotic analgesics. Three to six times a year may be appropriate for high risk opiate users, but too frequent for routine monitoring. There is no documentation of chronic opioid use and no risk assessment is provided by the treater. The current request is not medically necessary and the recommendation is for denial.

Retrospective request for 1 prescription of Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain affecting the neck, back, shoulders, elbows, wrists, hands, right knee and right foot. The current request is for Cyclobenzaprine 7.5mg. The treating physician report dated 5/21/14 (13c) states, "Cyclobenzaprine 7.5mg qhs #60. MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks." In this case, the treating physician has prescribed the use of Cyclobenzaprine for longer than 2-3 weeks and there is no documentation of an acute flare up that requires short term usage of Cyclobenzaprine. Additionally, the current request does not specify a quantity for this request and open ended requests for muscle relaxants are not supported by the MTUS guidelines. The current request is not medically necessary.

Retrospective request for 1 prescription of Fluriflex 180gm: Upheld

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

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

Decision rationale: The patient presents with industrial injuries sustained while working in a warehouse. The current request is for retrospective request for 1 prescription of Fluriflex 180gm. The treating physician states, in a report dated 04/09/14, "He is prescribed FluriFlex 180 gm." Topical medications were prescribed in order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications. (19-20C) The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the muscle relaxant Cyclobenzaprine component of the topical analgesic Fluriflex is not supported by MTUS. The current request not medically necessary and the recommendation is for denial.

Retrospective request for 1 prescription of TGHot 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin, topical, Menthol.

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

Decision rationale: The patient presents with industrial injuries sustained while working in a warehouse. The current request is for retrospective request for 1 prescription of TGHot 180gm. The treating physician states, in a report dated 04/09/14, "He is prescribed TGHot 180 gm Topical medications were prescribed in order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." (19-20C) The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, TGHot is a topical medication composed of tramadol, gabapentin, menthol, and capsaicin. Gabapentin is not recommended for topical use as there is no peer-reviewed literature to support its use. Topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are no guideline recommendations regarding menthol. As there is no support for the use of topical gabapentin in this compounded topical medication, the current request is not medically necessary and the recommendation is for denial.

10 Acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with industrial injuries sustained while working in a warehouse. The current request is for 10 Acupuncture visits. The treating physician states, in a report dated 04/09/14, "The patient is to continue acupuncture therapy to the cervical spine, thoracic spine, lumbar spine, bilateral wrists and right knee, 2 times a week for 6 weeks." (19C) The AMTG supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. In this case, the treating physician notes "He also states

that acupuncture therapy helps to decrease his pain and tenderness. He indicates that his function and activities of daily living have improved by 10%." However, there is no documented change in work restrictions or decrease in medication usage. The current request is not medically necessary and the recommendation is for denial.