

Case Number:	CM15-0089078		
Date Assigned:	05/13/2015	Date of Injury:	10/29/2012
Decision Date:	07/03/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/08/2015

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 a 42 year old female, who sustained an industrial injury on 10/29/12. She reported pain in her neck, bilateral elbows and bilateral hands/wrists. The injured worker was diagnosed as having C4-C5 and C5-C6 disc herniation, lumbar strain, left carpal tunnel syndrome, bilateral cubital syndrome and status post left cubital release. Treatment to date has included chiropractic treatment, an EMG/NCV study and Ultracet and Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% cream. On 11/10/14, a urinalysis was performed at the office visit. On 1/30/15, the treating physician noted that the previous urinalysis showed inconsistent results with prescribed medications. As of the PR2 dated 4/6/15, the injured worker reports pain in her neck, bilateral elbows and bilateral hands/wrists. Objective findings include cervical flexion is 30 degrees and extension is 20 degrees with discomfort, decreased range of motion in the bilateral elbows and a positive Tinel's sign in the bilateral hands/wrists. A urinalysis was performed at the visit. The treating physician requested a urinalysis, chiropractic treatments x 8, Ultracet 37.5/325mg #60 and Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% cream 120gm tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: urinalysis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids-urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, urine drug testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine Drug Testing.

Decision rationale: The attending physician report dated 4/6/15 indicates persistent complaints of pain in the neck, bilateral elbows, and bilateral hands and wrists. The current request is for retroactive urinalysis. 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. There is no discussion the patient is at moderate or high risk, as a risk assessment is not available. There is no documentation that a UDS has been performed in the past 6 months. As such, the current request is medically necessary.

Eight visits of chiropractic treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The attending physician report dated 4/6/15 indicates persistent complaints of pain in the neck, bilateral elbows, and bilateral hands and wrists. The current request is for eight chiropractic treatment sessions. The MTUS supports ongoing chiropractic treatment with documentation of objective functional benefit from previous treatment. In this case, the records indicate that the patient has been under chiropractic treatment as eight sessions were certified on 2/20/15. Although the patient is working, there is no available documentation of decreased pain levels or increased objective exam findings following the previously certified chiropractic sessions. Medical necessity has not been established and as such, the current request is not medically necessary.

Ultracet Tramadol HCL and Acetaminophen 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The attending physician report dated 4/6/15 indicates persistent complaints of pain in the neck, bilateral elbows, and bilateral hands and wrists. The current request is for

Ultracet Tramadol HCL and Acetaminophen 37.5/325mg #60. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability. There is also no documentation of adverse side effects or aberrant drug behaviors. A previous peer review recommended weaning of this medication and the records show no evidence that this has been started. There is no discussion of decreasing pain levels and functional improvement with the specific use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. As such, the current request is not medically necessary.

Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% cream 120gm tube:
Upheld

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

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

Decision rationale: The attending physician report dated 4/6/15 indicates persistent complaints of pain in the neck, bilateral elbows, and bilateral hands and wrists. The current request is for Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin .0375% cream, 120gm tube. Flurbiprofen is an NSAID used to treat inflammation due to arthritis. Per MTUS, it is recommended as an option as indicated below. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per MTUS, topical NSAIDs are indicated for osteoarthritis and tendinitis of the knee, elbow, and other joints amenable to topical treatment. There is little evidence for topical analgesics in the treatment of the spine, hip and shoulder. The patient is taking oral NSAIDs with no indication that it is ineffective or that the patient is not tolerating it. In this case, the treating physician has prescribed a topical NSAID, however there is no documentation of peripheral joint arthritis. The current request is not medically necessary.