

Case Number:	CM15-0089418		
Date Assigned:	05/18/2015	Date of Injury:	12/16/2009
Decision Date:	09/22/2015	UR Denial Date:	04/14/2015
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, Arizona

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 59 year old female, who sustained an industrial injury on 12/16/09. She reported neck and back injuries. The injured worker was diagnosed as having cervical spine sprain/strain and lumbar spine sprain/strain with myofascial pain. Treatment to date has included oral medications including opioids, activity restrictions and physical therapy. Currently, the injured worker complains of pain in cervical spine rated 5/10, lumbar spine rated 8/10, right (rated 1/10) and left shoulder rated 8/10, right and left wrist rated 4/10, right and left hip rated 2/10 and right and left hand rated 3-4/10. She states the pain is improved with medications. She is presently retired and working as a volunteer. Physical exam noted tenderness of left paraspinals, sub occipital, right and left scalene and right and left SCM of cervical spine with spasm of paraspinals and decreased range of motion due to pain; exam of lumbar spine noted tenderness and spasm of right and left paraspinals. A request for authorization was submitted for (CT) computerized tomography scans, physical therapy, patient education, urine toxicology screen and laboratory testing and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Computed Tomography.

Decision rationale: Per the ODG, Neck, CT section, CT is indicated for suspected cervical spine trauma and when MRI of the cervical spine is contraindicated. There is no mention of cervical spine trauma, or red flags on examination that would warrant CT scan imaging. There is no mention of how a CT scan would guide future management including injections and no mention of the injured worker possibly needing surgery. Medical necessity is not yet established.

Physical therapy 3x per week for 4 weeks: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. The request fails to document body part that physical therapy will treat. This request cannot be supported at this time; it is not medically necessary.

Urine toxicology screen: 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 Urine drug screening Page(s): 77-79.

Decision rationale: According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. There is no clear rationale for why a UDS would be indicated. There is no mention of the injured worker being at high risk for abusing controlled substances. This request is not medically necessary.

Flurbiprofen 20%/Cyclobenzaprine 5%/Hyaluronic acid 0.2% in cream base compound cream 240 grams: 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.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is lack of mention of failure to first line medications including anti-convulsants and/or anti-depressants. No rationale was given as to why topical formulations are indicated. As such, this request is not medically necessary.

Amitriptyline 10%/Gabapentin 10%/Dextromethorphan 10%/Hyaluronic acid 0.2% in cream base, compound 240grams: 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.

Decision rationale: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is lack of mention of failure to first line medications including anti-convulsants and/or anti-depressants. No rationale was given as to why topical formulations are indicated. As such, this request is not medically necessary.

CT scan of the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine, CT scan.

Decision rationale: The ODG Criteria for lumbar CT scan include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate for pars defect not identified on plain X-rays; or to evaluate successful fusion if plain X-rays are non-confirmatory for fusion. There is no documentation to support a CT scan of the lumbar spine at this time. The individual has myofascial pain, spasms, but there is no significant neurological deficit noted on exam, red flags, or suspicion of myelopathy and/or infection. This request is not medically necessary at this time.

Pharmacogenetic Testing - CYP 2C19, CYP 2C9, CYP 2D6, CYP 3A4/A5, VKORCI, Factor II, Factor V, and Mthfr: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy Family Physicians, Genetic Drug Metabolism, 2008; 77 (11).

Decision rationale: According to the American Academy of Family Physicians, the use of pharmacologic information to support drug selection and dosing is emerging, but there is lack of clinical evidence supporting their routine use. There is no clear rationale behind this request, and as such, is not medically necessary at this time.