

Case Number:	CM14-0118148		
Date Assigned:	08/06/2014	Date of Injury:	07/09/2012
Decision Date:	09/29/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 60-year-old male with a 7/9/12 date of injury. The mechanism of injury occurred as a result of cumulative trauma involving the back, spine, spinal cord, and nervous system. The only records provided for review were psychologist reports with psychological test results dated 10/3/13 and 2/25/14. The UR decision note from 7/14/14 refers to a 6/5/14 progress report from the primary treating provider, however, this report was not provided for review. According to this report, the patient complained of mid back pain, upper back pain, lower back pain, right hip pain, and depression. At the time of this evaluation, the patient was determined to be temporarily totally disabled. Objective findings: tenderness to palpation in the thoracic and lumbar spine, lumbar muscle spasms, lumbar trigger points, restricted lumbar and thoracic ROM, and a positive straight leg rise bilaterally. Treatment to date: medication management, activity modification, lumbar ESI, at least 16 acupuncture sessions, physical therapy. A UR decision dated 7/14/14 denied the requests for 12 acupuncture sessions, TGHOT, Fluriflex, urine toxicology test, and spinal surgeon consult. The request for Norco was modified from 60 tablets to 33 tablets and the request for Cyclobenzaprine was modified from 60 tablets to 45 tablets for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be "extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits." The patient has completed at least 16 sessions of acupuncture treatment. However, there is no documentation of functional gains, significant pain reduction, or improved activities of daily living. In addition, it is noted that the patient has not returned to work at this time. Therefore, the request for Twelve (12) Acupuncture Sessions was not medically necessary.

TGHot 180gm: Upheld

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

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

Decision rationale: An online search has revealed that TG Hot is a topical analgesic containing Tramadol/ Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/.05%. CA MTUS Chronic Pain Medical Treatment Guidelines state that "Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications." In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As this medication contains compounds not supported by MTUS and OGD guidelines, medical necessity has not been met. Therefore, the request for TGHot 180gm was not medically necessary.

Fluriflex 180gm: Upheld

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

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

Decision rationale: An online search has revealed that Fluriflex ointment/cream is a combination of Flurbiprofen/ Cyclobenzaprine 15/10%. CA MTUS Chronic Pain Medical Treatment Guidelines state that "Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin In

a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains topical Cyclobenzaprine and Flurbiprofen, which are not currently supported for topical use according to MTUS and ODG guidelines. Regarding the request, medical necessity was not met. Therefore, the request for Fluriflex 180gm was not medically necessary.

60 Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the UR decision dated 7/14/14, a previous UR decision on 6/23/14 recommended weaning the patient off of Norco. There is no documentation that the provider has addressed the recommendations for weaning. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Therefore, the request for 60 Norco 5/325mg was not medically necessary.

60 Cyclobenzaprine 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. According to the records provided for review, there is no documentation that the patient is taking Cyclobenzaprine. It is unclear how long the patient has been taking this medication. In addition, there is no documentation of an acute exacerbation to the patient's pain. Therefore, the request for 60 Cyclobenzaprine 10mg was not medically necessary.

Urine Toxicology test: 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 Pain (Chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43 and 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is "recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment." Due to the fact that the request for Norco has been found to be medically unnecessary, this associated risk cannot be substantiated. There is no documentation that the patient is currently taking any other opioid medications. Therefore, the request for Urine Toxicology test was not medically necessary.

Spine Surgeon Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305, 306.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that consultations are "recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise." There is no documentation in the records provided for review regarding what type of surgery the provider is requesting a consult for. As a result, medical necessity cannot be established. Therefore, the request for Spine Surgeon Consult was not medically necessary.