

<b>Case Number:</b>	CM14-0120344		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/07/2002
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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:

The injured worker is a 38-year-old male who reported an injury due to being hit with a heavy object on 01/07/2002. On 05/22/2014, his diagnoses included internal derangement of the left ankle, lumbar sprain, lumbar spine 4 mm disc bulge at L5-S1, deterioration of the meniscus of the left knee, plantar facial fibromatosis, and depressive disorder. The rationale for the PROOVE narcotic test was to identify the genetic risk factors of narcotic abuse, tolerance, and dependence, to improve patient outcomes and contain or avoid costs from unnecessary high dose narcotic usage. The rationale for the urine drug screen was to monitor compliance with prescribed medications. His medications included Soma 350 mg, Norco 10/325 mg, Ambien 10 mg, Flurbiprofen compounded cream, and TGICE cream. The rationale for the medications was for treatment of sequelae arising out of this worker's industrial injuries. A Request for Authorization dated 05/22/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROOVE narcotic risk test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Genetic testing for potential opioid abuse.

**Decision rationale:** The request for PROOVE narcotic risk test is not medically necessary. The Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. 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. Since the guidelines do not support this type of testing, this request for PROOVE narcotic risk test is not medically necessary.

**Urinalysis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Substance abuse.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Urinalysis is not medically necessary. The California MTUS Guidelines indicate that the use of urine drug screening is for patients with documented issues of abuse, addiction, or poor pain control. It was not documented that this injured worker had aberrant drug related behavior. Therefore, this request for Urinalysis is not medically necessary.

**MR Arthrogram of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** The request for MR Arthrogram of the left knee is not medically necessary. Per the California ACOEM Guidelines, MR arthrograms are recommended for select patients with negative or equivocal MRI with ongoing suspicion of clinically significant intra-articular pathology such as meniscal tears or articular cartilage defects or following selective procedures such as chondrocyte implantation. The MRI of this worker's left knee on 04/21/2010 was a normal MRI. There was no justification for an additional costly imaging study. The need for an arthrogram was not clearly demonstrated in the submitted documentation. Therefore, this request for MR Arthrogram of the left knee is not medically necessary.

**Six (6) acupuncture treatments for the left ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for Six (6) acupuncture treatments for the left ankle is not medically necessary. The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The recommended frequency is 1 time to 3 times per week with functional improvement noted in 3 to 6 treatments. The submitted documentation revealed that this worker had been receiving acupuncture treatment once a week for 6 weeks with limited improvement. Since there was no quantified evidence of reduced pain or increased functional abilities and the 6 treatments already received fall within the parameters of the guidelines, the additional acupuncture treatments would exceed the recommendations of the guidelines. Therefore, this request for Six (6) acupuncture treatments for the left ankle is not medically necessary.

**One (1) Gym Membership for the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Gym Memberships.

**Decision rationale:** The request for One (1) Gym Membership for the left knee is not medically necessary. The Official Disability Guidelines do not recommend gym memberships as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The treatment needs to be monitored and administered by medical professionals. Gym memberships would not be generally considered medical treatment and are, therefore, not covered under the Official Disability Guidelines. The clinical information submitted failed to meet the evidence based guidelines for a gym membership. Therefore, this request for One (1) Gym Membership for the left knee is not medically necessary.

**Soma (Carisoprodol) 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (SOMA)/Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29.

**Decision rationale:** The request for Soma (Carisoprodol) 350mg #60 is not medically necessary. Per the California MTUS Guidelines, Carisoprodol (Soma) is not recommended. This medication is not indicated for long term use. It is a commonly prescribed centrally acting

skeletal muscle relaxant whose primary active Metabolite is Meprobamate, a schedule IV controlled substance. Abuse has been noted for sedative and relaxant effects. Soma abuse has also been noted in order to augment or alter the effects of other drugs, including in combination with Hydrocodone, an effect that some abusers claim is similar to heroin. Additionally, the request did not include frequency of administration. Therefore, this request for Soma (Carisoprodol) 350mg #60 is not medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids Page(s): 74-95.

**Decision rationale:** The request for Norco 10/325mg #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, or collateral contacts. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325mg #120 is not medically necessary.

**Topical compound of Flurbiprofen 20% 180gm:** 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): 111-113.

**Decision rationale:** The request for Topical compound of Flurbiprofen 20% 180gm is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control, including NSAIDs. There is no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The only FDA approved NSAID for topical application is Voltaren gel 1% (Diclofenac) which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen is not FDA approved for topical use in humans. Additionally, the request did not specify a body part or parts that this cream was to have treated, or a frequency of application. Therefore, this request for Topical compound of Flurbiprofen 20% 180gm is not medically necessary.

**Topical compound TGICE 180gm: 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): 111-113.

**Decision rationale:** The request for Topical compound TGICE 180gm is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control, including antiepileptic medications. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. TG Ice contains Gabapentin. Gabapentin is not recommended. There is no peer reviewed literature to support its use. Additionally, the request did not specify a body part or body parts which this cream was to have treated, nor did it specify frequency of application. Therefore, this request for Topical compound TGICE 180gm is not medically necessary.