

<b>Case Number:</b>	CM14-0149627		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 22 year old male with an injury date of 06/15/13. Based on the 07/16/14 progress report provided by [REDACTED] the patient complains of neck, mid/upper/lower back, left shoulder/arm/elbow/wrist/hand and left knee/ankle pain rated 9/10. Physical examination reveals decreased range of motion and grade 2-3 tenderness to palpation on aforementioned areas. Cervical compression, impingement and supraspinatus tests are positive. Straight leg test is positive bilaterally. Patient states that physical therapy helps decrease pain and tenderness. The patient's MRI of the left knee is within normal limits. Topical medications were prescribed to minimize neurovascular complications and avoid complications associated with the use of narcotics, as well as GI bleeding from NSAIDs. Patient is temporarily totally disabled until 08/27/14. Treatments rendered per progress report dated 05/30/14: Fluriflex, TGHOT, Cyclobenzaprine, Motrin, lumbosacral brace, interferential unit, hot and cold unit. Patient's left shoulder was administered injection of depo-medrol and xylocaine without complications. Progress report dated 04/26/14 includes Tramadol and naproxen as current medications. Diagnosis 07/16/14- Cervical spine musculoligamentous strain/sprain, rule out cervical spine discogenic disease- thoracic spine musculoligamentous strain/sprain- lumbar spine musculoligamentous strain/sprain with radiculitis, rule out lumbar spine discogenic disease- left shoulder strain/sprain and tendinitis, rule out left shoulder impingement syndrome- left elbow strain/sprain- left elbow lateral epicondylitis- left wrist strain/sprain, chronic use- left knee strain/sprain, rule out left knee internal derangement- rule out left knee meniscal tear- left ankle strain/sprain, rule out left ankle internal derangement- sleep disturbance secondary to pain. [REDACTED] is requesting: 1) Urine Drug Screen 2) Unspecified Topical medications 3) Localized intense neurostimulation 4) Continued Physical therapy for the cervical, thoracic and lumbar

spine with another 12 sessions. The utilization review determination being challenged is dated 08/19/14. The rationale follows: 1) Urine Drug Screen: "not medically necessary as patient is not on narcotics. He is on cyclobenzaprine and motrin. No documentation of increased risk. Last urine drug screen done on May 30" 2) Unspecified Topical medications: "Without documenting what the medications are, unable to recommend any of them." 3) Localized intense neurostimulation: "not supported by guidelines." 4) Continued Physical therapy for the cervical, thoracic and lumbar spine with another 12 sessions: "patient already had 10 sessions without improvement." [REDACTED] is the requesting provider, and he provided treatment reports from 09/19/13 - 07/16/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition (web), Pain, Urine Drug Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Urine Drug Screen

**Decision rationale:** The patient presents with neck, mid/upper/lower back, left shoulder/arm/elbow/wrist/hand and left knee/ankle pain rated 9/10. The request is for Urine Drug Screen. The treater is requesting a urine drug screen for medication compliance. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the patient has been on Tramadol per progress report dated 04/26/14. Per utilization review letter dated 08/19/14, last urine drug screen was done on 05/30/14. UDS's for proper opiates monitoring is recommended per MTUS and for low-risk, once yearly. Given the random nature of the UDS's, two samples can occur consecutively. Current UDS's do not appear excessive or outside of the guidelines. Therefore, the request for Urine drug screen is medically necessary and appropriate.

**Unspecified topical medications:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** The patient presents with neck, mid/upper/lower back, left shoulder/arm/elbow/wrist/hand and left knee/ankle pain rated 9/10. The request is for Unspecified Topical medications. The MTUS has the following regarding topical creams (p111, chronic pain section): Topical Analgesics: "Recommended as an option as indicated below: The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Request is not inline with MTUS indications as medications are not specified. Therefore, the request of topical medications (unspecified) is not medically necessary and appropriate.

**Localized intense neurostimulation therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** The patient presents with neck, mid/upper/lower back, left shoulder/arm/elbow/wrist/hand and left knee/ankle pain rated 9/10. The request is for Localized intense neurostimulation. MTUS states on pg121 neuromuscular electrical stimulation (NMES devices): "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain." The request is not recommended by MTUS; therefore, Localized intense neurostimulation therapy is not medically necessary and appropriate.

**Continued physical therapy for the cervical, thoracic and lumbar spine with another 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The patient presents with neck, mid/upper/lower back, left shoulder/arm/elbow/wrist/hand and left knee/ankle pain rated 9/10. The request is for Continued Physical therapy for the cervical, thoracic and lumbar spine with another 12 sessions. Per progress report dated 07/16/14, patient states that physical therapy helps decrease pain and tenderness. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the treater has asked for 12 total sessions of physical therapy. The treater does not discuss treatment history, why more treatment is needed at this juncture and what functional deficits to be addressed with additional therapy. The request for 12 sessions also exceeds what is allowed by MTUS. As such, the continued physical therapy for the cervical, thoracic and lumbar spine with another 12 sessions is not medically necessary and appropriate.