

Case Number:	CM14-0162413		
Date Assigned:	10/07/2014	Date of Injury:	12/26/2002
Decision Date:	10/31/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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 Preventive 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:

According to the records made available for review, this is a 59-year-old male with a 12/26/02 date of injury. At the time (7/8/14) of request for authorization for Repeat Urine Toxicology Screen, Labs GI Profile, Cardio-Respiratory Testing, Flurbiprofen 20%/Tramadol 10% in Medlderm Base, and Gabapentin 10% / Amitriptyline 10% / Dextromethrophan 10% in Medlderm Base, there is documentation of subjective (low back pain, asphyxiating symptoms, uncontrollable coughs, and frequent phlegm, abdominal pain, acid reflux, nausea and vomiting, dry mouth, blood in the stool, and episodes of constipation) and objective (antalgic gait, painful limited range of motion of the lumbar spine, shortness of breath is notes, and tenderness to palpation over the periumbilical region) findings, current diagnoses (status post L5-S1 fusion and subsequent hardware removal, chest pain, abdominal pain, constipation, shortness of breath, and acid reflux), and treatment to date (medications (including ongoing treatment with Norco since at least 2/10/14)). Regarding urine toxicology, there is no documentation of opioid abuse, addiction, or poor pain control. Regarding Cardio-Respiratory Testing, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which autonomic function testing is indicated (progressive autonomic neuropathy, distal small fiber neuropathy, postural tachycardia syndrome, sympathetically maintained pain, syncope, or peripheral neuropathies). Regarding Flurbiprofen 20%/Tramadol 10% in Medlderm Base, there is no documentation of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Urine Toxicology Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 fusion and subsequent hardware removal, chest pain, abdominal pain, constipation, shortness of breath, and acid reflux. In addition, there is documentation of ongoing treatment with Opioid. However, given documentation of records reflecting prescriptions for Norco since at least 2/10/14, there is no documentation of opioid abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Urine toxicology is not medically necessary.

Labs GI Profile: 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 Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 fusion and subsequent hardware removal, chest pain, abdominal pain, constipation, shortness of breath, and acid reflux. In addition, there is a given documentation of a subjective (abdominal pain, acid reflux, nausea and vomiting, dry mouth, blood in the stool, and episodes of constipation) and objective (tenderness to palpation over the periumbilical region), there is documentation of a rational identifying why laboratory tests are needed. However, there is no documentation of the specific laboratory studies needed. Therefore, based on guidelines and a review of the evidence, the request for Labs GI Profile is not medically necessary.

Cardio-Respiratory Testing: 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 Other Medical Treatment Guideline or Medical Evidence: <https://www.aan.com/Guidelines/home/GetGuidelineContent/39>

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which autonomic function testing is indicated (such as progressive autonomic neuropathy, distal small fiber neuropathy, postural tachycardia syndrome, sympathetically maintained pain, syncope, or peripheral neuropathies), as criteria necessary to support the medical necessity for Cardio-respiratory testing. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 fusion and subsequent hardware removal, chest pain, abdominal pain, constipation, shortness of breath, and acid reflux. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which autonomic function testing is indicated (progressive autonomic neuropathy, distal small fiber neuropathy, postural tachycardia syndrome, sympathetically maintained pain, syncope, or peripheral neuropathies). Therefore, based on guidelines and a review of the evidence, the request for Cardio-Respiratory Testing is not medically necessary.

Flurbiprofen 20%/Tramadol 10% in Medlderm Base: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 fusion and subsequent hardware removal, chest pain, abdominal pain, constipation, shortness of breath, and acid reflux. However, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request Flurbiprofen 20%/Tramadol 10% in Medlderm Base is not medically necessary.

Gabapentin 10% / Amitriptyline 10% / Dextromethrophan 10% in Medlderm Base:
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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; 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; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post L5-S1 fusion and subsequent hardware removal, chest pain, abdominal pain, constipation, shortness of breath, and acid reflux. However, the request for Gabapentin/ Amitriptyline/Dextromethrophan in Medlderm Base contains at least one drug (gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 10% / Amitriptyline 10% / Dextromethrophan 10% in Medlderm Base is not medically necessary.