

Case Number:	CM14-0094875		
Date Assigned:	07/25/2014	Date of Injury:	12/16/2013
Decision Date:	09/18/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/23/2014

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 and Rehabilitation, has a subspecialty in Pain Management, 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 43-year-old with an injury date of December 16, 2013. The May 15, 2014 progress report by [REDACTED] states that the patient presents with pain in the neck, mid/upper back rated 7/10 and lower back rated 8/10. She also complains of depression rated 7/10. The patient is temporarily totally disabled for 4 weeks. Examination of the cervical, thoracic and lumbar spine reveals grade 3 tenderness to palpation over the paraspinal muscles and 2-3 palpable spasm with restricted range of motion. Per the March 31, 2014 report by [REDACTED], medications completed or stopped are listed as Orphenadrine Citrate, Prednisone, Omeprazole, Polar Frost gel tube, and Tramadol. The utilization review being challenged is dated June 16, 2014. Treatment reports were provided from December 16, 2013 to May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The patient presents with pain to the cervical, thoracic and lumbar spine. The treater requests for physical therapy of the lumbar spine, twelve sessions (2X6 weeks). The Chronic Pain Medical Treatment Guidelines, 99 state that for myalgia and myositis, nine to ten visits are recommended over eight weeks. For neuralgia, neuritis, and radiculitis, eight to ten visits are recommended. According to the May 15, 2014 progress report by [REDACTED], the patient states that physical therapy sessions improve ADLs (activities of daily living) and decrease pain and tenderness. In this case, the treater has not provided a full record of physical therapy sessions to document how many sessions the patient has received and what functional improvement has been obtained. The June 16, 2014 utilization review states the patient has received six visits. The treater does not discuss objective goals or additional physical therapy. Furthermore, twelve sessions in addition to the six visits already provided exceeds what is allowed by the Chronic Pain Medical Treatment Guidelines. The request for physical therapy for the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.

Extracorporeal Shockwave Therapy (ECSWT) to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 29.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation According to LC4610.5(2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition: (A) The guidelines adopted by the administrative director pursuant to Section 5307.27.; (B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.; (C) Nationally recognized professional standards.; (D) Expert opinion.; (E) Generally accepted standards of medical practice.; (F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious. In this case, the highest ranked standard is likely (D) Expert opinion or (E) generally accepted standards of medical practice.

Decision rationale: The patient presents with pain to the cervical, thoracic and lumbar spine. he treater requests for extracorporeal shockwave therapy to the lumbar spine. Extracorporeal shockwave treatment is a shock treatment indicated for such conditions as calcific tendinitis of shoulder, epicondylitis and plantar fasciitis per ODG guidelines. It is not indicated for spinal conditions or myofascial pain. Therefore, the request for ECSWT to the lumbar spine is not medically necessary or appropriate.

Urine Toxicology Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

Decision rationale: The patient presents with pain to the cervical, thoracic and lumbar spine. The treater is requesting for urine toxicology testing for medication monitoring. While the Chronic Pain Medical Treatment 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 reports provided do not discuss the history of prior urine drug screen testing. The March 31, 2014 report by [REDACTED] lists tramadol as a medication completed or stopped. The most recent report dated May 15, 2014 does not list opioids as a continuing or new medication. Due to the lack of documented opioid use, the request for a urine toxicology screen is not medically necessary or appropriate.

Fluriflex 180grams: Upheld

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

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

Decision rationale: The patient presents with pain to the cervical, thoracic and lumbar spine. The treater requests for Fluriflex (a Flurbiprofen/cyclobenzaprine) cream. The Chronic Pain Medical Treatment Guidelines has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case cyclobenzaprine is not supported for tropical formulation. The request for Fluriflex 180 grams is not medically necessary or appropriate.

TG-Hot 180grams: 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: The patient presents with pain to the cervical, thoracic and lumbar spine. The treater requests for TGHOT (a tramadol, gabapentin, menthol, camphor, Capsaicin) cream. The Chronic Pain Medical Treatment Guidelines has the following regarding topical creams: "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case tramadol is not supported for topical formulation. The Chronic Pain Medical Treatment Guidelines specifically states that Gabapentin is not recommended under the topical cream section. Therefore, the request for TG-Hot 180 grams is not medically necessary or appropriate.