

Case Number:	CM14-0150274		
Date Assigned:	09/18/2014	Date of Injury:	01/13/2014
Decision Date:	05/07/2015	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 34-year-old male who reported an injury on 01/13/2014. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with other unspecified back disorder, lumbago, thoracic or lumbosacral neuritis or radiculitis, and derangement of the meniscus. The injured worker presented on 07/31/2014 for a followup evaluation with complaints of 6/10 pain. The injured worker had not been able to return to work. Physical therapy allowed for an improvement of symptoms. The injured worker reported ongoing pain in the bilateral knees and the lower back. Medications and physical therapy helped to relieve symptoms only temporarily. The injured worker utilized crutches for ambulation assistance. Upon examination, there was tenderness over the paraspinal muscles bilaterally, positive straight leg raise bilaterally, positive McMurray test on the right, and positive Apley's test on the right. Treatment recommendations included continuation of the current medication regimen and physical therapy, an MRI of the lumbar spine, an MRI of the right knee, a right knee arthroscopy, and a prescription for 2 compounded creams. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines, May 2009 (Substance abuse(tolerance, dependence, addiction); Urine drug testing (UDT)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.

1 request to continue physical therapy: Upheld

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

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no documentation of the previous course of physical therapy with evidence of objective functional improvement. The request as submitted failed to indicate the specific body part to be treated, as well as the frequency or duration of treatment. Given the above, the request is not medically necessary.

1 prescription flurbiprofen tramadol cream 20/20% 1 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines (May 2009); regarding Topical Medications.

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Therefore, the request for a compounded cream containing

flurbiprofen would not be supported. There is also no frequency listed in the request. As such, the request is not medically necessary.

1 prescription gabapentin, amitrip Dextromet cream 10/10/10% 1 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines (May 2009); regarding Topical Medications.

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended for topical use as there is no peer reviewed literature to support its use as a topical product. Therefore, the current request would not be supported. Additionally, there was no frequency listed in the request. As such, the request is not medically necessary at that time.