

Case Number:	CM14-0213967		
Date Assigned:	12/31/2014	Date of Injury:	02/11/2010
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 48-year-old male who reported an injury on 02/11/2010. The mechanism of injury was not provided. His past treatments were noted to include medications, pool/spa, home exercise, and acupuncture therapy. On 10/27/2014, the injured worker reported bilateral leg pain and also a new complaint of facial and dental pain. The injured worker also reported fatigue, recent weight loss, difficulty walking, loss of balance, loss of hearing, persistent ringing in ears, chest pain, shortness of breath, nausea, vomiting, indigestion, abdominal pain, diarrhea, constipation, bloody stool, increased frequency to urinate, increased urinary urgency, difficulty urinating, tumors on left kidney, joint pain, joint stiffness, morning stiffness, muscle aches while walking or working out at the gym, decreased muscle size, suicidal thoughts at times, large mood swings between feeling good and bad, anxiousness and depression. He indicated his vomiting and nausea is induced by his medications. The injured worker also reported that his gastroenterologist stated the injured worker was lactose intolerance. The injured worker rated his pain as 8/10. No physical examination was provided. On 01/05/2015, the injured worker reported low back pain. He rated his pain at 8/10. His current medications were noted to include lidocaine 5% patch and Cymbalta 30 mg. Upon physical examination, the treating physician indicated that with the exception of low back pain, examination of the rest of the head and neck, spine, and all 4 extremities revealed inspection and percussion within normal limits without tenderness, obvious masses, or swelling. Range of motion was within normal limits. Muscle strength and tone were normal. The plan was noted to give the injured worker a list of warning signs to watch out for herald neurological complications, and if the signs developed, the injured

worker was instructed to return. The treatment plan for the 10/27/2014 clinical note included a request for authorization for hiatal hernia repair, repeat acupuncture sessions, urology consult, MRI lumbar spine, random toxicology screening, hydrocortisone cream and Lidoderm patch, follow up visit and continue HEP and gym exercise. A request was submitted for a referral to an urologist, random toxicology, hydrocortisone 1% cream #1 with 2 refills, and Lidoderm 5% patch #30 with 2 refills. However, the rationale for the request was not provided. A Request for Authorization was submitted on 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Urologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Office visits

Decision rationale: The request for referral to urologist is not medically necessary. The California MTUS/ACOEM states referral may be "appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, or has difficulty obtaining information or agreement to a treatment plan with treating a particular cause of delayed recovery." The Official Disability Guidelines state that the need for clinical office visits with a healthcare provider is "individualized based upon a review of injured worker concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The clinical documentation submitted for review did indicate that the injured worker reported new symptoms such as increased frequency to urinate, increased urinary urgency, difficulty urinating; however, there was a lack of objective findings in the 10/27/2014 and the most recent clinical note to warrant a referral to a urologist. Additionally, the rationale for the request was not provided. Therefore, the request is not supported by the guidelines. As such, the request is not medically necessary.

Random toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 4.

Decision rationale: The request for random toxicology is not medically necessary. The California MTUS Guidelines note that use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screens to ensure the injured worker is compliant with their full medication regimen.

The clinical documentation failed to provide a rationale as to why a urine drug screen was needed. There was no documentation indicating the injured worker had evidence of high risk of addiction or substance dependence. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Hydrocortisone 1% cream #1 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/dosage/hydrocortisone-topical.html>

Decision rationale: The request for hydrocortisone 1% cream #1 with 2 refills is not medically necessary. Drugs.com indicates that the cream would be indicated for reducing swelling, itching, and discomfort associated with certain conditions. The injured worker was noted to be on the medication since at least 09/2014. The clinical documentation submitted for review does not provide a rationale indicating why hydrocortisone cream. Additionally, the request as submitted does not provide a frequency of the medication. The request is not supported by the guidelines. As such, the request for hydrocortisone 1% cream #1 with 2 refills is not medically necessary.

Lidoderm 5% patch #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm 5% patch #30 with 2 refills is not medically necessary. The California MTUS recommends Lidoderm patch for localized peripheral pain after there has been evidence of trial of first line therapies. The injured worker was noted to be on the medication since at least 09/2014. The clinical documentation did not provide evidence of an attempt of first line therapies, such as tricyclic or serotonin noradrenaline reuptake inhibitor antidepressants or antiepileptic drugs. Additionally, the clinical documentation does not provide evidence of significant pain relief and increased function with the use of the medication. There is no documentation of postherpetic neuralgia or diabetic neuropathy. Additionally, as the request is submitted, there is no frequency of the medication provided. As such, the request is not supported by the guidelines and is not medically necessary.