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| Case Number: | CM14-0217073 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 04/23/1993 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 71 year old female was injured 4/23/1993. The mechanism of action, per Utilization Review, was a trip and fall over a chair where the injured worker sustained back injury. She complained of low back pain that radiated into the buttocks and right lateral thigh with occasional muscle spasms. In addition she had intermittent sleep difficulties. She has had L5-S1 epidural steroid injections 5/31/12 (75% symptom improvement) and 9/5/13 (50% symptoms improvement). In addition she has had trigger point injections with a 50% symptom improvement lasting eight weeks. She has participated in physical therapy and acupuncture which were beneficial and eight aquatic therapy sessions which had significantly improved her pain and function. She continues with her home exercise program. Her medications include Tramadol ER for baseline pain control and Tramadol IR for breakthrough pain, Ambien, Valium and Effexor. She has signed an opioid contract. Laboratory evaluations dated 4/28/14 and 8/12/14 were consistent with the use of Tramadol and Valium per provider. With aquatic therapy and pain medication the injured worker identifies her pain intensity at 5/10; without medication 7-8/10. With her current regime she performs her activities of daily living independently. She continues to experience 40-50% improvement in pain and function. Without her medication she is confined to a bed or chair. Physical exam of the low back exhibited mild to moderate left sided paraspinous tenderness with no palpable muscle spasm and negative twitch response. There was a decreased range of motion, decreased hypesthesia left L5 dermatome. Diagnoses include low back pain with myofascial component; left L5 radiculopathy improved status post epidural steroid injection (9/5/13); L4-5 disc bulge with annular tear, positive for discogenic pain

syndrome; L5-S1 disc with dissolved extruded disc fragment but severe degeneration and reduced disc height. Of note, on 12/16/14 an MRI of the lumbar spine demonstrated multilevel degenerative disc disease; 2 mm disc bulge at L1-2; 4-5 mm disc bulge at L2-3, L3-4 , L4-5 and a 3mm disc bulge at L5-S1. In addition there was no compression fracture noted. On 12/2/14 Utilization Review (UR) non-certified the request for Ketoprofen, Gabapentin and Lidocaine compound cream #240 based on no documentation of failed first-line therapy of anti-depressants and anticonvulsants. The provider did document that the injured worker could not take Neurontin but no explanation was given for this intolerance. In addition the medical necessity for use of this medication has not been established. The request for a urine drug screen was non-certified based on no documentation of the providers concern for the injured workers use of illicit drugs or non-compliance with prescription medications. MTUS Chronic Pain Medical Treatment guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen, gabapentin and lidocaine compound cream (KGL), quantity 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 1993 without documented functional improvement from treatment already rendered. The Ketoprofen, Gabapentin and Lidocaine compound cream (KGL), quantity 240 is not medically necessary and appropriate.

Urine drug screen (UDS), 4 times a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Page(s): page 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been

prescribed long-term opioid this chronic 1993 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The urine drug screen (UDS), 4 times a year is not medically necessary and appropriate.