MAXIMUS Federal Services

Case Number:	CM14-0218157		
Date Assigned:	01/07/2015	Date of Injury:	09/21/2012
Decision Date:	03/06/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/30/2014

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:

The injured worker was a 43 year old female, who was injured on the job September 1, 2012. The injured worker slipped and fell down some stairs, grabbed for the railing bending right hand and arm backwards and fell, injuring buttocks, back and right arm. The injured worker sustained injures to the right shoulder, right elbow, right wrist and lumbar spine with radiculopathy pain to the right foot, with tingling and numbness. The injured worker has received epidural steroid injections to the lumbar spine, physical therapy, acupuncture, chiropractic services and medication for pain control. According to the progress note of July 1, 2014 the injured workers pain level was 8 out of 10; 0 being no pain and 10 being the worse pain. The injured worker wore a lumbar support brace. The medications the injured worker was taken were Cyclobenzaprine, Naproxen and Omeprazole. The injured returned to modified off work and working restrictions of no prolonged standing, no climbing bending, or stooping, limited use of right hand, weight lifting restriction of 15 pounds 5 minute ergonomic stretch break. The progress note of October 23, 2014, stated the past medical treatment included acupuncture, shock wave therapy, physical therapy chiropractic services, TENS unit, epidural injections and pain medication. The first injection helped a little, but the following injection decreased mobility and ambulation of needing a walker for ambulation for approximately one month. The injured worker was complaining of constant low back pain with radiating from the right buttocks to the foot. The Pain level 6 out of 10 and increases couple times a week to 8. The documentation submitted for review did not indicate that the injured worker was using compound creams or why the treating physician requested the DNA testing. On December 11, 2014, the UR denied

authorization for DNA Testing: CYP 2C10, CYP 2C9, CYP 2D6, CYP 3A4, CYP 3A5, VKORIC 1, FACTOR II, FACTOR V, MTHFR, a compound medication Dextromethorphan 5%, Gabapentin 5%, Bupivicaine 2.5%, Menthol 1%, Camphor 1% In 210gms and compound medication Flurbiprofen 10%, Baclofen 5%, Dexamethasone 1% in 210 grams. The denial for the DNA Testing: CYP 2C10, CYP 2C9, CYP 2D6, CYP 3A4, CYP 3A5, VKORIC 1, FACTOR II, FACTOR V, MTHFR was due to, ODG guidelines state Cytokine DNA testing was not recommended. The compound medications were denied do to the MTUS guidelines for topical compound medications were not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

DNA Testing: CYP 2C10, CYP 2C9, CYP 2D6, CYP 3A4, CYP 3A5, VKORIC 1, FACTOR II, FACTOR V, MTHFR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DNA Testing for Pain, page 42.

Decision rationale: There was no mention of indication or specifics for justification of this DNA testing. It is unclear what type of DNA testing is being requested. DNA testing may be used to help determine how the body metabolizes a drug. It is conceived that genetic traits may cause variations in these enzymes, medications such as antidepressant and antipsychotics affect each person differently. By checking your DNA for certain gene variations, cytochrome tests can offer clues about how the patient respond to a particular antidepressant and antipsychotic; however, there is no such medication prescribed. Submitted reports have not adequately demonstrated clear indication, co-morbid risk factors, or extenuating circumstances to support for non-evidence-based diagnostic DNA testing outside guidelines criteria. Per Guidelines, Cytokine DNA testing is not recommended as scientific evidence is insufficient to support its use in the diagnosis of chronic pain. The DNA Testing: CYP 2C10, CYP 2C9, CYP 2D6, CYP 3A4, CYP 3A5, VKORIC 1, FACTOR II, FACTOR V, MTHFR is not medically necessary and appropriate.

Compound Med: Dextromethorphan 5%, Gabapentin 5%, Bupivicaine 2.5%, Menthol 1%, Camphor 1% In 210gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 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 multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Compound Med: Dextromethorphan 5%, Gabapentin 5%, Bupivicaine 2.5%, Menthol 1%, Camphor 1% In 210gms is not medically necessary and appropriate.

Compound Med: Flurbiprofen 10%, Baclofen 5%, Dexamethasone 1% in 210 gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 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 multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories,the Naproxen and topical compounded Flurbiprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Compound Med: Flurbiprofen 10%, Baclofen 5%, Dexamethasone 1% in 210 gms is not medically necessary and appropriate.