

Case Number:	CM14-0219250		
Date Assigned:	01/09/2015	Date of Injury:	09/01/2014
Decision Date:	03/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/31/2014

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: Family Practice

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 male, who sustained an industrial injury on 09/01/2014. He has reported mid back and low back pain. The diagnoses have included lumbar musculoligamentous sprain/strain, lumbar myospasm, lumbago, thoracic spine musculoligamentous sprain/strain and thoracalgia. Treatment to date has included chiropractic care and medication. Currently, the IW complains of mid and low back pain that travels around his waist towards his stomach. Treatment plan included chiropractic therapy as tolerated, medication refills, urine toxicology screening, TENS unit and obtain copies of most recent MRI's. On 12/02/2014 severe Utilization Reviews non-certified: multi stim TENS unit purchase, and flurbiprofen 20 percent/baclofen 10 percent/dexamethasone 2 percent cream 210 grams, gabapentin 10 percent/amitriptyline 10 percent/bupivacaine 5 percent cream 210 and Chiropractic 2xWkx6Wks Lumbar Spine and Flexeril 7.5mg 1 tab PO BID PRN #60 and a urine toxicology. The MTUS, ACOEM Guidelines and ODG were cited and Non- MTUS, ACOEM Guidelines, were cited as well. On 12/02/2014 the injured worker submitted severe applications for IMR for review of the following: multi stim TENS unit purchase, and flurbiprofen 20 percent/baclofen 10 percent/dexamethasone 2 percent cream 210 grams, gabapentin 10 percent/amitriptyline 10 percent/bupivacaine 5 percent cream 210 grams and Chiropractic 2xWkx6Wks Lumbar Spine and Flexeril 7.5mg 1 tab PO BID PRN #60 and a urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent/Baclofen 10 Percent/Dexamethasone 2 Percent Cream 210 Grams #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to guidelines NSAIDs are used for Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. According to the medical records there is no improvement with prolonged use of NSAIDs and no documentation of usage of Acetaminophen.

Gabapentin 10 Percent/Amitriptyline 10 Percent/Bupivacaine 5 Percent Cream 210 Grams #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 16-17.

Decision rationale: Based on guidelines Gabapentin is recommended for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. According to the medical records there is no indication as to why gabapentin is needed and thus not medically necessary.

Multi Stim TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: According to guidelines criteria for use of TENS unit for chronic pain include documentation of pain of at least three months duration, there is evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial, other ongoing pain treatment should also be documented during the trial period including medication usage, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted, a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. According to the patient's medical records there is no documentation of a months trial and thus is not medically necessary.

Chiropractic visits for the lumbar spine twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: According to guidelines chiropractic manipulation in the acute phases of injury manipulation may enhance patient mobilization. If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. Based on medical records there is no documentation of improvement and thus is not medically necessary.

Flexeril 7.5mg #60, 1 tab po BID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41.

Decision rationale: According to guidelines Flexeril is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. According to the medical records the patient has been using muscle relaxants for a prolonged period of time and is not recommended and thus not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug screen Page(s): 43.

Decision rationale: Based on guidelines drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen or to diagnose misuse, addiction. According to the medical records there is no documentation of any of the above and thus is not medically necessary.