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| Case Number: | CM15-0004029 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 12/16/2011 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/08/2015 |

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, Arizona
 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 is a 52-year-old male who reported an injury on 12/16/2011 after reportedly injuring his low back while operating an earth mover that bounced off of a boulder. The injured worker underwent an MRI on 07/02/2012 that documented the injured worker had a grade 1 retrolisthesis of the L5 over the S1. The injured worker's diagnoses included lumbar sprain and thoracic sprain. The injured worker was evaluated on 10/08/2014. It was documented that the injured worker complained of 7/10 pain of the low back. Objective findings for that appointment were illegible. The injured worker's treatment plan included an MRI and a refill of medications. A Request for Authorization form to support the request was dated 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI of the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend imaging of the lumbar spine be supported by documented neurological deficits that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence of neurological deficits to support the need for an MRI. Additionally, there is no documentation that the injured worker has failed to respond to any type of recent conservative treatment. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

UA Test Comprehensive Drug Panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

Decision rationale: The requested UA test comprehensive drug panel is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends urine drug screening for injured workers at risk for aberrant behavior. The clinical documentation does not provide any indication that the injured worker has any type of withdrawal symptoms or symptoms related to overuse. Therefore, the need for a comprehensive drug screen would not be supported. As such, the request UA test comprehensive drug panel is not medically necessary or appropriate.

Topical Compound Flurbiprofen 20 Percent, Tramadol 20 Percent 210 Gram, #1 with No Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Effectiveness of topical administration of opioids in palliative care: systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009 - Elsevier

Decision rationale: The requested topical compound flurbiprofen 20 percent, tramadol 20 percent 210 gram, #1 with no refill is not medically necessary or appropriate. The California Medical Treatment Guidelines do not recommend the use of nonsteroidal anti-inflammatory drugs as a topical agent for spine pain. The clinical documentation submitted for review does not provide any evidence that the injured worker has injuries other than the spine. Therefore, the use of flurbiprofen as a topical agent would not be supported in this clinical situation. Furthermore, peer reviewed literature does not support the use of tramadol in a topical formulation as there is little scientific evidence to support the safety and efficacy of this

medication. As such, the requested topical compound flurbiprofen 20 percent, tramadol 20 percent 210 gram, #1 with no refill is not medically necessary or appropriate.

Amitriptyline 10 Percent, Dextromethorphan 10 Percent, Gabapentin 10 Percent, 210 Gram #1 with No Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Skolnick P (1999) Antidepressants for the new millennium. *Eur J Pharmacol* 375:31-40.

Decision rationale: The requested amitriptyline 10 percent, dextromethorphan 10 percent, gabapentin 10 percent 210 gram #1 with no refill is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of gabapentin as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication. Peer reviewed literature does not support the use of antidepressants as topical analgesics as there is little scientific evidence to support the efficacy and safety of these medications. Peer reviewed literature does support the use of topical dextromethorphan to treat neuropathic pain. However, the clinical documentation does not provide an adequate assessment of the injured workers pain to support the use of this medication as a topical analgesic. As such, the requested amitriptyline 10 percent, dextromethorphan 10 percent, and gabapentin 10 percent 210 gram #1 with no refill is not medically necessary or appropriate.