

Case Number:	CM15-0011119		
Date Assigned:	01/29/2015	Date of Injury:	11/07/2005
Decision Date:	04/14/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/21/2015

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

Certification(s)/Specialty: Internal Medicine

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 58 year old female, who sustained an industrial injury on November 7, 2005. She has reported injury of the left wrist, low back, and soft tissue of the neck, left knee, and teeth. The diagnoses have included post laminectomy syndrome, lumbar discopathy with disc displacement. Treatment to date has included medications, radiological imaging, lumbar surgery, and lumbar facet steroid injection. Currently, the IW complains of back pain with radiation into the arms with numbness and tingling, left ankle pain, depression and headaches. Physical findings indicated are tenderness in the neck area and occipital cervical junction, and lumbar spine and bilateral sacroiliac joints regions. The provider notes decreased range of motion of the neck due to pain and stiffness, positive Spurlings sign, positive Fabers and Patricks, and a positive straight leg raise test bilaterally. The most recent examination indicates the injured worker reporting she feels like she is in withdrawals and is experiencing feelings of being hot/cold, having diarrhea and nausea. On January 16, 2015, Utilization Review non-certified Prilosec 20mg #90, and Flubiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream 120 grams, and magnetic resonance imaging of the cervical spine, and magnetic resonance imaging of bilateral hands, and magnetic resonance imaging of bilateral wrists, and computed tomography scan of the head, and referral to an endocrinologist, and urine toxicology test; and a modified certification of Oxycontin 80mg #180. The MTUS and ODG guidelines were cited. On January 21, 2015, the injured worker submitted an application for IMR for review of Prilosec 20mg #90, and Flubiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream 120 grams, and Oxycontin 80mg #210, and magnetic resonance imaging

of the cervical spine, and magnetic resonance imaging of bilateral hands, and magnetic resonance imaging of bilateral wrists, and computed tomography scan of the head, and referral to an endocrinologist, and urine toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% Menthol 10% Camphor 3% Capsaicin 0.0375% Topical Cream 120gm QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Capsaicin, topical Page 28-29.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The use of the topical NSAID Flurbiprofen is not supported by MTUS guidelines. Medical records do not document that the patient has not responded or is intolerant to other treatments, which is an MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a

topical cream containing Flurbiprofen and Capsaicin is not supported by MTUS guidelines. Therefore, the request for Flurbiprofen, Menthol, Camphor, Capsaicin topical cream is not medically necessary.

Oxycontin 80mg QTY 210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Immediate discontinuation has been suggested for evidence of illegal activity including diversion. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and shoulder conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The urine drug screen dated 5/5/14 and 7/11/14 were inconsistent and potentially aberrant. Per MTUS, immediate discontinuation has been suggested for evidence of illegal activity including diversion. The request for Oxycodone 80 mg #120 is not supported by MTUS & ACOEM guidelines. Therefore, the request for Oxycodone 80 mg #120 is not medically necessary

Referral to an Endocrinologist QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental

Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The primary treating physician's progress report dated 12/23/14 did not document endocrine complaints. No endocrine findings were documented on physical examination. The 12/23/14 progress report does not support the request for an Endocrinologist referral. Therefore, the request for a referral to an Endocrinologist is not medically necessary.

Urine Toxicology Test QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The urine drug screen dated 5/5/14 and 7/11/14 were inconsistent and potentially aberrant. The patient has been prescribed the opioid Oxycodone. MTUS guidelines support the use of urine drug testing for patients prescribed opioids. Therefore, the request for a urine toxicology screen is medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses wrist MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-6 Ability of Various Techniques To Identify and Define Forearm, Wrist, and Hand Pathology (Page 269) indicates that magnetic resonance imaging (MRI) has nil ability to identify and define ligament and tendon strain, tendinitis, and tenosynovitis. The primary treating physician's progress report dated 12/23/14 did not document wrist complaints. No physical examination of the wrists was documented. The 12/23/14 progress report does not provide clinical support for the wrist MRI request. Therefore, the request for MRI of the right wrist is not medically necessary.

MRI of the bilateral hands: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses wrist MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 11 Forearm, Wrist, and Hand Complaints Table 11-6 Ability of Various Techniques To Identify and Define Forearm, Wrist, and Hand Pathology (Page 269) indicates that magnetic resonance imaging (MRI) has nil ability to identify and define ligament and tendon strain, tendinitis, and tenosynovitis. The primary treating physician's progress report dated 12/23/14 did not document hand complaints. No physical examination of the hands was documented. The 12/23/14 progress report does not provide clinical support for the hand MRI request. Therefore, the request for MRI of bilateral hands is not medically necessary.