MAXIMUS Federal Services

Case Number:	CM15-0012096		
Date Assigned:	01/29/2015	Date of Injury:	08/07/2010
Decision Date:	03/31/2015	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: New York
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 40 year old male who sustained an industrial injury reported on 8/7/2010. He has reported severe low back, right shoulder and right knee pain. The diagnoses have included displacement of the thoracic/lumbar intervertebral disc; chronic lumbar 5 radiculopathy, disc bulges and compromised nerve roots; herniated nucleus pulposus at lumbar 5- sacral 1 with right-sided sciatica and decreased strength & sensory loss in the right lower extremity; and anxiety due to inability to work. Treatments to date have included consultations; diagnostic laboratory and imaging studies; muscle testing of the lower extremities; surgical consultation = not a surgical candidate; and medication management. The status classification for this injured worker (IW) was noted to be permanent and stationary and with restrictions to work. Noted is the back is the only accepted body part.On 1/16/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/23/2014, for: a urine drug screen; lumbar epidural steroid injections; topical cream containing Ketoprofen & Gabapentin; Flexeril; Prilosec; Xanax; and an internal medicine consultation. The Medical Treatment Utilization Schedule, the American College of Occupational and Environmental Medicine Guidelines, and the Official Disability Guidelines for chronic pain treatment guidelines, epidural steroid injections; muscle relaxants, benzodiazepines, gastrointestinal and cardiac symptoms, topical analgesics and compound preparations and urine drug testing, were all cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Urine drug tests

Decision rationale: MTUS and ODG recommend screening patients to differentiate between dependence and addiction to opioids. Criteria used to define serious substance misuse include cocaine or amphetamines on urine toxicology screen, procurement of opioids from more than one provider on a regular basis, diversion of opioids, urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion), and positive urine toxicology screen on at least two occasions for opioids not routinely prescribed. Random urine collection is recommended. The frequency of urine drug testing should be based on documented evidence of risk stratification. Documentation fails to show that the injured worker is at risk of opiate addiction or dependence. Per guidelines, patients at low risk of addiction or aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Review of chart documentation reveals that the injured worker had already undergone urine drug testing three months prior to the requested test under review. With guidelines not being met, the request for urine drug test is not medically necessary.

Lumbar epidural steroid injection (ESI): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: MTUS recommends Epidural steroid injections (ESIs) as an option for short-term treatment of radicular pain, in conjunction with other rehabilitation efforts, including continuing a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging. The injured worker complaints of severe radicular low back pain and is diagnosed with L5 to S1 herniated nucleus pulposus and chronic Lumbar 5 radiculopathy. Documentation reveals that physical examination showed signs of radiculopathy, with positive Lasegue's, Crem's and Sciatic notch signs, corroborated by abnormal Electromyography suggestive of L5 radiculopathy. The request for Lumbar epidural steroid injection (ESI) is medically necessary by MTUS guidelines.

Topical Cream: Ketoprofen, gabapentin and Tramadol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that topical NSAIDs may be useful for the treatment of chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Per guidelines, the use of topical Gabapentin and Ketoprofen is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Topical Cream: Ketoprofen, gabapentin and Tramadol is not recommended by MTUS guidelines.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's low back pain to justify continued use Flexeril. The request for Flexeril 7.5mg #60 is not medically necessary per MTUS guidelines.

Prilosec: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: MTUS recommends the combination of Non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer an gastrointestinal bleeding or perforation. Documentation shows that the injured worker complaints of heartburn, reflux symptoms and abdominal pain secondary to previous NSAID use. With the abdominal pain being unresolved, the request for Prilosec is appropriate in this setting and medically necessary.

Xanax: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Tolerance to hypnotic effects develops rapidly. Documentation fails to provide a diagnosis that would justify the continued use of Xanax. The request for Xanax is not medically necessary by MTUS guidelines.

Internal Medicine Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines nonspecific. Decision based on Non-MTUS Citation Low Back Chapter, Office visits

Decision rationale: Per Guidelines, the value of patient/doctor interventions has not been questioned and should be encouraged. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured complaints of persistent severe radicular low back pain and has not yet reached maximum medical management. Per guidelines, the request Internal Medicine Consult is medically necessary.