MAXIMUS Federal Services

Case Number:	CM15-0012170		
Date Assigned:	01/29/2015	Date of Injury:	08/14/2004
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
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: Anesthesiology

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 49 year old male, who sustained an industrial injury on August 14, 2004. He has reported slipping and falling from a ladder landing on a piece of metal that penetrated seven inches inside his chest, he further fell to the floor and his the right side of his head, right shoulder, right wrist, right knee and low back pain. The diagnoses have included left ear pain, lumbar strain with radiculopathy, lumbar disc protrusion, status-post lumbar surgery times three, status-post rib fracture, tendinitis in the bilateral knee and quadriceps, status-post right knee arthroscopy with meniscectomy, left knee compensatory pain, exacerbation of hypertension, exacerbation of urological diagnosis and exacerbation of stomach pain . Treatment to date has included pain medication, right knee surgery, physical therapy with home exercise program, a shower chair and step stool, activity restrictions, rest, a psychology consultation, anti-depressants, sleep medications and regular follow up. Currently, the IW complains of ongoing low back and bilateral knee pain which was rated nine on a scale of ten. There was grade four tenderness to palpation over the lumbar paraspinal. Range of motion was limited by pain. The worker also complained of sleep disturbance, weight gain, hyperlipidemia, blurred vision and tinnitus. On January 15, 2015, the Utilization Review decision non-certified a request for one urine toxicology, twelve sessions of pool therapy, one prescription for Fluriflex 180gm, TGHot 180gm, Cyclobenzaprine 7.5mg, 60 count, Oxycodone 10/325mg, 60 count and Endocet 10/325mg, 60 count. The aquatic therapy was non-covered because there were no indications of co-morbidities that would make aquatic therapy necessary versus land therapy. The Fluriflex and TGH ointment was non-covered due to guidelines reflect if any component of a compounded

topical medication is not recommended, then the treatment should not be utilized. The Oxycodone, Endocet and Cyclobenzaprine was non-covered because muscle relaxants and opioids are recommended for short-term use with functional improvements and the documentation did not support the guidelines. The MTUS, Chronic Pain Medical Treatment Guidelines was cited.On January 21, 2015, the injured worker submitted an application for IMR for review of one urine toxicology, twelve sessions of pool therapy, one prescription for Fluriflex 180gm, TGHot 180gm, Cyclobenzaprine 7.5mg, 60 count, Oxycodone 10/325mg, count 60 and Endocet 10/325mg, 60 count.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Urine Drug Testing

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, Hydrocodone 10/325mg and Endocet 10/325mg were not found to be medically necessary, then all other associated items are not needed. Therefore, the requested urine drug screenings are not medically necessary.

12 Sessions of Pool Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Aquatic Therapy Page(s): 22.

Decision rationale: According to CA MTUS Guidelines (2009), aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable (for example, extreme obesity). Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, there is limited documentation of significant objective and functional deficits in the physical exam to support the need for reduced weight-bearing in order to progress with therapy. In addition, the

documentation did not indicate that the patient was severely obese or indicate that he had difficulty ambulating without assistance. Medical necessity for the requested service has not been established. The requested pool therapy is not medically necessary.

Fluriflex 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the topical analgesic compound is Fluriflex, which contains Fluriprofen and Cyclobenzaprine. There is no documentation of intolerance to other previous oral medications. MTUS guidelines state that Fluriprofen, lidocaine, capsaicin and/or muscle relaxants (Cyclobenzaprine in this case) are not recommended for topical applications. Additionally, the documentation submitted for review does not provide evidence for the necessity for 2 topical analgesics. Medical necessity for Fluriflex cream has not been established. The requested treatment is not medically necessary or appropriate.

TGHot 180gm: 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 CA MTUS (2009), Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound is TGHot cream, which contains Tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, and capsaicin 0.05%. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines. There is no peer-reviewed literature to support its use. Tramadol is not recommended as a first

line therapy. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Since the guidelines do not recommend several of the ingredients, there is no medical necessity for this compound. Additionally, the documentation submitted for review does not provide evidence of the necessity for 2 topical analgesics. The request for TGHot 180 mg is not medically necessary or appropriate.

Cyclobenzaprine 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Muscle Relaxants Page(s): 63.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment, and this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records show that the patient has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Oxycodone 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 74-75, 91-97.

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. According to ODG and MTUS, Oxycodone 10/325mg (Percocet or Endocet10/325mg) is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. Medical necessity of the requested medication has not been established. Of note,

discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested Oxycodone 10/325mg is not medically necessary.

Endocet 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids Page(s): 74-75, 91-97. Decision based on Non-MTUS Citation Pain

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. According to ODG and MTUS, Endocet 10/325mg (Percocet or Oxycodone 10/325mg) is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, guidelines necessitate documentation that the prescriptions are from a single practitioner and taken as directed. This was not documented in the records. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested Endocet 10/325mg is not medically necessary.