

Case Number:	CM15-0015775		
Date Assigned:	02/03/2015	Date of Injury:	03/22/2014
Decision Date:	03/24/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44 year old male, who sustained an industrial injury on 03/22/2014. He has reported subsequent chest and head pain and was diagnosed with rib and head contusions. Treatment to date has included oral and topical pain medication, physical therapy and home exercise. In a progress note dated 01/09/2015, the injured worker complained of continued rib pain radiating to the back as well as numbness and tingling in the right hand. Objective physical examination findings were notable for mild tenderness to the left paracervical areas, mild tenderness of the left anterior chest wall, mild tenderness to the left anterior parathoracic area with discomfort with range of motion. A request for authorization of Flurbiprofen, urine drug screen Relafen and Nortriptyline was made as well as a request for MRI of the cervical spine for tingling and pain of the right arm. On 01/26/2015, Utilization Review non-certified requests for Flurbiprofen, cervical MRI, urine drug screen, Relafen and Nortriptyline, noting that documentation submitted does not support the necessity of the requests. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/gabapentin 6%/ lidocaine 2.5% / baclofen 2%/ Cyclobenzaprine 2% 70 grams QTY: 1.00: Upheld

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

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

Decision rationale: The guidelines state that topical NSAIDS (such as Flurbiprofen) are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical Gabapentin is not recommended as the guidelines state that there is no peer-reviewed literature to support use of Gabapentin in this form. The guidelines state that topical muscle relaxants (such as Cyclobenzaprine) are not recommended as there is no peer-reviewed literature to support use. The guidelines do not support lidocaine in cream or lotion formulation for neuropathic pain. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Cyclobenzaprine or Baclofen or this formulation of Lidocaine therefore the request is not medically necessary.

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Neck

Decision rationale: Cervical MRI is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation does not indicate evidence of red flag findings or progressive neurological deficits or objective cervical radiographs therefore the request for an MRI of the cervical spine is not medically necessary.

Urine drug screen (quantitative) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain (chronic)

Decision rationale: Urine drug screen (quantitative) QTY: 1.00 is not medically necessary per the MTUS Chronic Pain Guidelines or the ODG. The MTUS states that urine drug tests are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The ODG states that typically, screening tests are based on immunoassays, which can be either laboratory-based or point-of-collection testing (POC). POC testing is also commonly referred to as “dip-stick” testing. This latter type of testing is performed on-site and usually requires no instrumentation. Substances are reported as present or absent at a predetermined cutoff threshold. Screening assays have the advantages of being more cost effective than confirmatory tests and with POC systems, allow immediate results. Confirmatory Testing is laboratory-based specific drug identification, which includes gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS). These tests allow for identification and quantification of specific drug substances. They are used to confirm the presence of a given drug, and/or to identify drugs that cannot be isolated by screening tests. The tests also allow for identification of drugs that are not identified in the immunoassay screen. These are generally considered confirmatory tests and have a sensitivity and specificity of around 99%. These tests are particularly important when results of a test are contested. The documentation indicates that the patient had a urine drug screen on 12/17/14. There is no documentation submitted as to why the patient requires quantitative testing. There is no evidence of aberrant behavior, therefore this request is not medically necessary.

Relafen (no dose/no quantity) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Relafen (no dose/no quantity) QTY: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that there is no evidence to recommend one drug in this class (NSAIDs) over another based on efficacy. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The patient was on Ibuprofen and now on Relafen without clear rationale of why he was changed to Relafen. Furthermore, this

medication cannot be certified as medically necessary without a strength or quantity. Therefore, the request for Relafen is not medically necessary.

Nortriptyline (no dosage/no quantity) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Nortriptyline (no dosage/no quantity) QTY: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The patient has some neuropathic symptoms in the documentation submitted, however this request cannot be certified as medically necessary without a specific dosage or quantity.