

Case Number:	CM15-0149471		
Date Assigned:	08/14/2015	Date of Injury:	03/20/2015
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/31/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 3-20-2015, after a fall from scaffolding, landing in a standing position. Multiple work related injuries were noted, including a reported left eye injury on 4-30-2015 and left hand injury on 7-28-2014. The injured worker was diagnosed as having left index finger pain status post laceration, cervical sprain-strain with myofasciitis, thoracic sprain-strain with myofasciitis, lumbar sprain-strain with myofasciitis, and left eye pain with history of trauma and decreased vision. His past medical history included diabetes. Treatment to date has included diagnostics, 2 sessions of physical therapy, and medications. Currently, the injured worker complains of blurred vision and discomfort in his left eye, continuous neck pain, left index pain, and frequent upper, mid, and lower back pain. He also reported anxiety, depression, and insomnia. He presented in no distress. Eyes were clear to inspection and pupils were equal, round, and reactive to light. Exam of the cervical spine noted tenderness was noted over the bilateral cervical paraspinals, suboccipital, and upper trapezius. Pain was positive throughout range of motion. Exam of the thoracic spine noted tenderness to palpation over the bilateral thoracic paraspinals and midline tenderness at T1 to T12. Exam of the lumbar spine noted tenderness to palpation over the bilateral lumbar paraspinals, gluteal, and piriformis. Spasms were noted over the bilateral lumbar paraspinals and gluteal. Midline tenderness was noted and straight leg raise was positive bilaterally. Exam of the fingers noted a well healed incision on the left index finger, along with tenderness to palpation. Heberden's and Bouchard's deformities were noted. He was currently using Tylenol, diabetes

medication, and eye ointment. The treatment plan included urine drug screening, x-rays of the cervical, thoracic and lumbar spines, 12 sessions of physical therapy for the cervical, thoracic and lumbar spines, functional improvement measurement of the cervical, thoracic and lumbar spines, lumbar brace-support, CYP pharmacological assay, Omeprazole, and topical compounded medications. His work status was total temporary disability.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, urine drug testing.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case, the patient is not taking opioid medications. Urine drug testing is not indicated. The request should not be authorized.

X-ray of the cervical, thoracic, and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Initial Assessment, Special Studies.

Decision rationale: Criteria for ordering imaging studies of the cervical and thoracic spine are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Red flags include trauma, history of tumor, signs of infection with spinal process tenderness, progressive numbness/weakness, and bowel or bladder dysfunction. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not

respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). In this case, there is no documentation of neurologic deficit or red flags. Medical necessity has not been established. The request should not be authorized.

Physical therapy x 12 for the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized.

Functional improvement measurement of cervical, thoracic and lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: Measure of functional improvement is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include Work Functions and/or Activities of Daily Living, Self Report of Disability, Physical Impairments and Approach to Self-Care and Education. Work Functions

and/or Activities of Daily Living and Self Report of Disability include objective measures of the patient's functional performance in the clinic or self-assessment. Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits) include objective measures of clinical exam findings. ROM should be documented in degrees. Approach to Self-Care and Education includes provider's assessment of the patient compliance with a home program and motivation. This is recommended per MTUS. The request should be authorized.

Lumbar spine brace/support: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness.

Decision rationale: There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. Lumbar support is not recommended. The request should not be authorized.

CYP450 Pharmacological Assay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Pharmacogenetic testing/pharmacogenomics (opioids & chronic non-malignant pain) Pain, Cytochrome p450 testing.

Decision rationale: Pharmacogenetic testing is not recommended. Testing is not recommended except in a research setting. In many complex trials evaluating the effect of opioids on pain, population-based genetic association studies have had mixed success and reproducibility has been poor. Evidence is not yet sufficiently robust to determine association of pain-related genotypes and variability in opioid analgesia in human studies. Cytochrome P450 enzymes are responsible for about 80% of phase I metabolism of codeine, hydrocodone, oxycodone, tramadol, fentanyl and methadone. It is not recommended. The request should not be authorized.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.

Compound topical cream Flurbiprofen 25%/ Cyclobenzaprine 2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This medication is a compounded topical analgesic containing flurbiprofen and cyclobenzaprine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request should not be authorized.

Topical compound Gabapentin 15%/ Dextromethorphan 10%/ Amitriptyline 4% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline, Antiepilepsy drugs (AEDs), Topical Analgesics. Decision based on Non-MTUS Citation The Medical Letter On drugs and Therapeutics, Volume 43, Issue 1100, pg 23-25, Over-the-counter (OTC) cough remedies.

Decision rationale: This medication is a compounded topical analgesic containing gabapentin, dextromethorphan, and amitriptyline. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is an antiepileptic medication. Gabapentin is not recommended. There is no peer-reviewed literature to support

use. Dextromethorphan is a centrally acting antitussive. It is not recommended as a topical preparation. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for neuropathic pain, unless they are ineffective, poorly tolerated, or contraindicated. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. It is not recommended as a topical preparation. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request should not be authorized.