

Case Number:	CM15-0170616		
Date Assigned:	09/18/2015	Date of Injury:	08/13/2003
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/31/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 34 year old female, who sustained an industrial injury on August 13, 2003. She reported neck pain, low back pain radiating to bilateral lower extremities with associated tingling and numbness and mid back pain radiating to bilateral shoulders and the front of the chest. The injured worker was diagnosed as having thoracic musculoligamentous injury, lumbar discopathy with disc displacement and lumbar radiculopathy. Treatment to date has included diagnostic studies, medications and work restrictions. Currently, the injured worker continues to report headaches, neck pain, low back pain radiating to bilateral lower extremities with associated tingling and numbness and mid back pain radiating to bilateral shoulders and the front of the chest. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on June 28, 2015, revealed continued pain as noted. Evaluation on the lumbar spine revealed tenderness to palpation over the lumbar paraspinals with noted pain and stiffness. Straight leg raise test was noted as positive at 20 degrees bilaterally. Medications were continued and physical therapy and acupuncture were recommended. Fexmid, Prilosec and Norco were noted to be last dispensed on May 27, 2015. Evaluation on August 9, 2015, revealed continued pain as noted with associate symptoms. She noted she has equal good and bad days. There were no changes noted in the lumbar spine exam or straight leg raise test. The RFA included requests for Fexmid, acupuncture, physiotherapy, thoracic MRI, lumbar MRI, UDS, Retrospective: Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsicin 0.0375% 30gm tube (dispensed 08/09/15), Prospective: Flurbiprofen25%, Menthol 10%, Champhor 3%, Capsicin 0.0375% 60gm tube, Retrospective:

Cyclobenzaprine 10%, Tramadol 10%, 15 gm tube (dispensed 08/09/15) and Prospective: Cyclobenzaprine 10%, Tramadol 10%, 60 gm tube that were non-certified and Ultram ER 150mg, #90, Rx 08/09/15 (Reduced to #81) and Norco 10/325mg,#120, Rx 08/09/15 (Reduced to #97) that were modified on the utilization review (UR) on August 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fexmid 7.5mg #120 DOS: 8/9/15: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as Fexmid. The patient has been taking Fexmid for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Retrospective request for Fexmid 7.5mg #120 DOS: 8/9/15 is not medically necessary.

Retrospective request for Prilosec 20mg #90 DOS: 8/9/15: 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: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Retrospective request for Prilosec 20mg #90 DOS: 8/9/15 is not medically necessary.

Retrospective request for Ultram ER 150mg #90 DOS: 8/9/15: 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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Ultram, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Retrospective request for Ultram ER 150mg #90 DOS: 8/9/15 is not medically necessary.

Retrospective request for Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% 30gm tube x1 DOS: 8/9/15: 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: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Retrospective request for Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% 30gm tube x1 DOS: 8/9/15 is not medically necessary.

Retrospective request for Cyclobenzaprine 10%, Tramadol 10% 15gm tube x1 DOS: 8/9/15: 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: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Retrospective request for Cyclobenzaprine 10%, Tramadol 10% 15gm tube x1 DOS: 8/9/15 is not medically necessary.

Norco 10/325mg #120: 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 for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #120 is not medically necessary.

Acupuncture treatment x12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 12 treatments is greater than the number recommended for a trial to determine efficacy. Acupuncture treatment x12 is not medically necessary.

Physiotherapy treatment x 12: 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): Manual therapy & manipulation.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physiotherapy treatment x 12 is not medically necessary.

MRI of thoracic spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that indications for a thoracic MRI include trauma, thoracic pain suspicious for cancer or infection, cauda equina syndrome, or myelopathy. The exam indicates that the patient has complaining of mid back pain without evidence of long track signs, bowel or bladder dysfunction, or progressive neurologic deficit. There is no documentation of any of the above criteria supporting a recommendation of a thoracic MRI. MRI of thoracic spine is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that 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. The medical record fails to document sufficient findings indicative of nerve root compromise, which would warrant an MRI of the lumbar spine. MRI of lumbar spine is not medically necessary.

Urine toxicology testing: 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): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine toxicology testing is not medically necessary.

Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% 30gm tube x1: 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: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% 30gm tube x1 is not medically necessary.

Cyclobenzaprine 10%, Tramadol 10% 60gm tube x1: 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: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine 10%, Tramadol 10% 60gm tube x1 is not medically necessary.