

Case Number:	CM15-0177655		
Date Assigned:	09/18/2015	Date of Injury:	07/30/2015
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 24 year old male, who sustained an industrial injury on July 30, 2015. He reported injury to his lower back, right lower extremity, right foot and toes. The injured worker was diagnosed as status post puncture wound on the right foot, lumbar spine sprain, strain, bilateral shoulder sprain, strain, bilateral wrist-hand-finger sprain, strain, and insomnia. Treatment to date has included diagnostic studies and medication. On August 7, 2015, the injured worker complained of low back pain radiating into the right lower extremity. The pain accompanied with numbness, weakness, tingling and a burning sensation. The pain was rated as a 0 on the pain scale without activities and as a 9 on a 1-10 pain scale with activities. He also complained of continuous right foot and toe pain and swelling. This pain was rated as a 7 on the pain scale without activities and as a 9 on a 1-10 pain scale with activities. He also complained of bilateral shoulder pain, left wrist and left hand pain. Tenderness and spasm were noted over the bilateral lumbar paraspinals and quadratus lumborum. Lumbar spine range of motion was flexion 40 degrees, extension 15 degrees, right lateral flexion 15 degrees and left lateral flexion 15 degrees. The treatment plan included x-rays of the lumbar spine, bilateral shoulder, right foot, bilateral wrist and bilateral hand, physical therapy, lumbar spine support, bilateral wrist sleeve, medications, urinalysis and an autonomic nervous system evaluation. A request was made for an x-ray of the lumbar spine, x-ray of the bilateral shoulder, x-ray of the bilateral feet, one lumbar spine support, one bilateral wrist sleeve, one urine drug screen, one baseline functional improvement measurement with functional improvement measures for bilateral shoulders, bilateral wrists, bilateral hands and lumbar region, one CYP450 pharmacological assay for

medication therapy management, one autonomic nervous system evaluation, Omeprazole 20mg #60, Gabapentin 15%-Amitriptyline 4%-Dextromethorphan 10% 180 grams and Cyclobenzaprine 2%-Flurbiprofen 25% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the 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 Chapter.

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/x-rays.

Decision rationale: The request is for x-rays of the low back. The ODG state the following regarding qualifying criteria: not recommend routine x-rays in the absence of red flags. (See indications list below.) Indications for imaging- Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma (a serious bodily injury): pain, tenderness. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture. Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70. Uncomplicated low back pain, suspicion of cancer, infection. Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, infectious disease patient. Myelopathy, oncology patient. Post-surgery: evaluate status of fusion. In this case, there is inadequate documentation of red flags, which would warrant x-rays. There is also no record to indicate and change in neurologic status or new deficit. Pending this information, the request is not medically necessary.

X-ray of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request is for shoulder x-rays. The ACOEM guidelines state that radiographic films are indicated in cases of suspected fracture or dislocation, shoulder instability, or AC separation. When non-specific or overuse shoulder pain exists, no x-rays are advised. In this case, x-rays are not indicated. This is secondary to inadequate documentation of physical exam findings such as suspected fracture or dislocation after acute trauma. As such, the request is not medically necessary.

X-ray of the bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request is for foot x-rays. The ACOEM guidelines state that radiographs are indicated if there is a suspected fracture or heel spur. No x-rays are advised for nonspecific foot or ankle pain, plantar faciitis, metatarsalgia, or neuroma. In this case, x-rays are not indicated. This is secondary to inadequate documentation of physical exam findings of a fracture or heel spur. As such, the request is not medically necessary.

One lumbar spine support: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

Decision rationale: The request is for the use of a lumbar back support to aid in pain relief and injury prevention. The ACOEM guidelines makes the following statement: The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security. As an alternative, it is advised that prolonged sitting and standing should be reduced by providing rest and exercise breaks and task rotation and variation should be employed. Heavy loads need to be divided and mechanical support devices used. Also, the workstation can be set up to optimize reduction in back strain. As such, due to poor evidence of its utility and effectiveness, the request is not medically necessary.

One bilateral wrist sleeve: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

Decision rationale: The request is for the use of wrist supports. The ACOEM guidelines state that splinting is the first-line conservative treatment for carpal tunnel syndrome, DeQuervains tenosynovitis, and strains. Prolonged splinting can lead to weakness and stiffness. There is no wrist condition listed which would warrant the use of supportive wrist sleeves. In this case, the use of this treatment modality is not indicated. This is secondary to inadequate documentation of a condition with evidence-based support for the use of wrist supports. As such, the request is not medically necessary.

One urine drug screen: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Urine drug testing (UDT).

Decision rationale: The request is for a urine drug screen. The ODG states the following regarding this topic: Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. State and local laws may dictate the frequency of urine drug testing. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or at risk addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a patient has evidence of a high risk of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. In this case, a urine drug screen is not supported by the guidelines. This is secondary to inadequate documentation of risk level commensurate to the frequency of evaluation requested. As such, it is not medically necessary.

One baseline functional improvement measurement with functional improvement measures for bilateral shoulders, bilateral wrists, bilateral hands, and lumbar region:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fit for Duty/Functional capacity evaluation.

Decision rationale: The request is for a functional capacity evaluation. The MTUS guidelines are silent regarding this issue. The ODG state the following: Guidelines for performing an FCE: recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. In this case a functional capacity evaluation is not indicated. There is inadequate documentation of the patient and employer actively participating in determining the suitability of a particular job. As such, the request is not medically necessary.

One CYP450 pharmacological assay for medication therapy management: Upheld

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

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

Decision rationale: The request is for cytochrome p450 testing. The MTUS is silent regarding this topic. The official disability guidelines state the following: 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. There are currently multiple challenges in using this technique in the context of pain: (1) the phenotypes involved are multifaceted; (2) pain perception has a subjective nature; (3) response to analgesia can also be subjective; (4) there is a wide inter-individual pharmacologic range in response to drugs. The range in which genetic factors are thought to play a role in pain perception is from 12% to 60%. Gender and age also play a role. There are no published guidelines for generalized testing of the cytochrome system outside of certain populations (specific cancers, patients requiring anticoagulation, and human immunodeficiency virus patients). In this case, the use of this test is not indicated. As stated above, this is relegated to use in a research setting only. Studies have

had mixed success and reproducibility has been poor. As such, the request is not medically necessary.

One autonomic nervous system evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)/Autonomic nervous system function testing/CRPS, diagnostic tests.

Decision rationale: The request is for autonomic testing. The MTUS guidelines are silent regarding this issue. The official disability guidelines state the following regarding this topic: Specific procedures are not generally recommended, except as indicated below. A gold standard for diagnosis of CRPS has not been established and no test has been proven to diagnose this condition. Assessment of clinical findings is currently suggested as the most useful method of establishing the diagnosis. The following procedures have been suggested for use as additional tools for diagnosis, with use based on the patient's medical presentation. The following recommendations are made based on consensus guidelines: Recommendations (based on consensus guidelines) for an adequate CRPS evaluation: (1) There should be evidence that the Budapest (Hardin) criteria have been evaluated for and fulfilled. (2) There should be evidence that all other diagnoses have been ruled out. A diagnosis of CRPS should not be accepted without a documented and complete differential diagnostic process completed as a part of the record. (3) If a sympathetic block is utilized for diagnosis, there should be evidence that this block fulfills criteria for success including that skin temperature after the block shows sustained increase (1.5 C and/or an increase in temperature to > 34 C) without evidence of thermal or tactile sensory block. Evidence of a Horner's response to upper extremity blocks should be documented. The use of sedation with the block can influence results, and this should be noted. In this case, these tests are not indicated. This is secondary to inadequate clinical findings of autonomic dysfunction to warrant further evaluation. The criteria as listed above have not been met. As such, the request is not medically necessary.

Omeprazole 20 mg, sixty count: 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: The request is for the use of a medication in the class of a proton pump inhibitor. It is indicated for patients with peptic ulcer disease. It can also be used as a preventative measure in patients taking non-steroidal anti-inflammatories for chronic pain. Unfortunately, they do have certain side effects including gastrointestinal disease. The MTUS guidelines states that patients who are classified as intermediate or high risk, should be treated

prophylactically. Criteria for risk are as follows: (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 (e.g., NSAID + low-dose ASA). Due to the fact the patient does not meet to above stated criteria, the request for use is not medical necessary.

Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10%, 180 grams: 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: The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients, which each have specific properties and mechanisms of action. The MTUS guidelines state the following: “Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.” In this case, the use of gabapentin is stated to be not indicated for use for the patient’s condition. The guidelines state the following: “Gabapentin: Not recommended. There is no peer-reviewed literature to support use.” As such, the request is not certified.

Cyclobenzaprine 2%/Flurbiprofen 25%, 180 grams: 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: The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients, which each have specific properties and mechanisms of action. The MTUS guidelines state the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the use of the topical muscle relaxant is not indicated for use for the patient's condition. The MTUS states the following regarding muscle relaxants used topically: Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. As indicated above, due to inadequate clinical evidence of efficacy, the request is not medically necessary.