

Case Number:	CM15-0178909		
Date Assigned:	09/21/2015	Date of Injury:	04/09/2015
Decision Date:	11/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on 4-09-2015. The injured worker is being treated for thoracic spine sprain-strain rule out herniated nucleus pulposus, lumbar spine sprain-strain rule out herniated nucleus pulposus, right shoulder sprain-strain rule out internal derangement, right lower extremity radiculopathy, insomnia, anxiety, depression, and history of hypertension. Treatment to date has included modified work, diagnostics, medications, epidural steroid injections, and physical therapy. Per the Doctor's First Report of Occupational Injury or Illness dated 6-17-2015, the injured worker reported intermittent right shoulder pain and low back pain. He also reported anxiety, depression and insomnia. Objective findings of the spine included tenderness and spasm over the bilateral paraspinal muscles of the thoracic and lumbar spine. Shoulder examination revealed pain primarily on the right with tenderness over the right upper trapezius and rotator cuff. The plan of care included, and authorization was requested for one internal medicine consult, F5 gene analysis Leiden variant, x-ray of the right shoulder, 12 sessions of physical therapy, Cyclobenzaprine 5mg #60, one urine toxicology screen, one functional improvement measurement, Gabapentin-Amitriptyline-Dextromethorphan 15-14-10%, 180gm, Cyclo-Flurbi 2- 25% 180gm, and one gene analysis common variants molecular pathology level 2, and modified the request for EMG (electromyography)/NCS (nerve conduction studies) of the bilateral lower extremities. On 8-12-2015, Utilization Review non-certified the request for one urine toxicology screen, one functional improvement measurement, Gabapentin-Amitriptyline-Dextromethorphan 15-14-10%, 180gm, Cyclo-Flurbi 2-25% 180gm, and one gene analysis common variants molecular pathology level 2, and modified the request for EMG (electromyography)/NCS (nerve conduction studies) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation that the patient is currently utilizing drugs of potential abuse. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested urine toxicology test is not medically necessary.

1 EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic): Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for EMG/NCV of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical

examination findings supporting a diagnosis of specific nerve compromise. Additionally, if such findings are present but have not been documented, there is no documentation that the patient has failed conservative treatment directed towards these complaints. In the absence of such documentation, the currently requested EMG/NCV of the lower extremities is not medically necessary.

1 Gene analysis common variants, (CYPC19, CYP2C9, CYP206, VKORC1), molecular pathology procedure level 2, F5 gene analysis leiden variant and MTHFR gene analysis common variants: 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), Pain (Chronic): Genetic testing for potential opioid abuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse.

Decision rationale: Regarding a request for Gene analysis common variants, California MTUS and ACOEM do not contain criteria for this request. ODG states that cytokine DNA testing is not recommended. Additionally, they state that genetic testing for potential opioid abuse is not recommended. As such, the currently requested Gene analysis common variants are not medically necessary.

1 Functional improvement measurement: 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), Pain (Chronic): Functional improvement measures.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Regarding the request for Functional improvement measurement, Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit including examination of the musculoskeletal system and assessment of functional impairment. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing as well as assessment of functional deficits / improvements. Within the documentation available for review, the requesting physician has not identified why he is incapable of performing a standard musculoskeletal examination for this patient, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. In the absence of such documentation, the currently requested Functional improvement measurement is not medically necessary.

Retrospective Gabapentin/Amitriptyline/Dextromethorphan 15/4/10%, 180gm (DOS 06/17/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Regarding the request for Retrospective Gabapentin / Amitriptyline / Dextromethorphan 15/4/10%, 180gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical Dextromethorphan. Guidelines do not support the use of topical anti-depressants. As such, the currently requested Retrospective Gabapentin/Amitriptyline/Dextromethorphan 15/4/10%, 180gm is not medically necessary.

Retrospective Cyclo/Flurbi 2/25%, 180gm (DOS 6/17/2015): 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: Regarding the request for Retrospective Cyclo/Flurbi 2/25%, 180g, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Retrospective Cyclo/Flurbi 2/25%, 180gm is not medically necessary.