

Case Number:	CM15-0028426		
Date Assigned:	02/20/2015	Date of Injury:	12/01/2012
Decision Date:	05/21/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/16/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 12/01/2012. There is conflicting documentation regarding the correct date of injury as well as the mechanism of injury. According to an AME report, dated 11/10/2014, the injured worker sustained an injury in December 2012, as a result of a fall after his right foot became caught in an air hose. The injured worker was treated with physical therapy for the neck, low back and knees; as well as medication. The injured worker was issued an e-stim unit for home use, and utilized a cane for ambulation assistance. The injured worker was referred to a spine specialist, who recommended immediate surgical intervention. According to an Operative Report, dated 12/16/2014, the injured worker sustained a slip and fall injury in February 2013. The Operative Report indicated that the patient underwent anterior cervical cord decompression from C3-C7, ACDF at C3-C7, internal fixation, and Dural repair at C5-6. The injured worker had severe cervical myelopathy with spastic quadriparesis, which required an urgent spinal cord decompression with marked improvement of his preoperative spastic quadriparesis. The diagnoses have included status post extensive anterior cervical decompression of the cervical spinal cord with multi-level fusion from C3-4, C4-5, C5-6 and C6-7. The injured worker presented on 01/27/2015 for a follow-up evaluation. It is noted that the Physician Progress Note Report is handwritten and mostly illegible. Upon examination of the lumbar spine, there was decreased range of motion with positive muscle spasm. Treatment recommendations at that time included continuation of the current medications regimen to include topical creams, a urinalysis for toxicology and a return

office visit in 4 weeks. A Request for Authorization form was submitted on 01/27/2015 for chiropractic therapy, acupuncture therapy, several medications, and a urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medications: a) Flurbiprofen 10%, Capsaicin 0.025%, Menthol 2% Camphor 1, 120 grams (b) Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine 5%, 120 grams: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing flurbiprofen would not be supported. Capsaicin in a 0.025% formulation is recommended for treatment of osteoarthritis. The injured worker does not maintain a diagnosis of osteoarthritis. Muscle relaxants are not recommended for topical use. Lidocaine is not recommended in the form of a creams, lotion, or gel. There is also no frequency listed in the request. As such, the request is not medically necessary.

Chiropractic/ Physiotherapy 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 298-299, 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),(ACOEM Pain, Suffering, and the Restoration of Function Chapter 14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment is recommended as a therapeutic trial of 6 visits over 2 weeks. In this case, it was noted that the injured worker had been previously referred for a course of chiropractic therapy in 11/2014. Documentation of significant functional improvement following the initial course of treatment was not provided. The request as submitted failed to indicate the specific body part to be treated. As such, the request is not medically necessary.

Additional Acupuncture 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture treatment may be extended if functional improvement is documented. The time to produce functional improvement includes 3 to 6 treatments with an optimum duration of 1 to 2 months. Documentation of significant functional improvement following the initial course of acupuncture was not provided. The request as submitted also failed to indicate the specific body part to be treated. As such, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no documentation of objective functional improvement following the ongoing use of this medication. The injured worker continues to demonstrate palpable muscle spasm upon examination. Guidelines do not support long-term use of this medication. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

Omeprazole 20mg #60: 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), NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.

Tramadol 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of objective functional improvement despite the ongoing use of this medication. In addition, there is no frequency listed in the request. As such, the request is not medically necessary at this time.

Medical Foods: 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) Chronic Pain Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines do not recommend medical food for chronic pain. Medical food is a food which is formulated to be consumed or administered under the supervision of a physician and which is intended for the specific dietary management of a disease or condition. In this case, there was no indication that this injured worker suffered from a nutritional deficit. The medical necessity for the requested medication has not been established. There is also no specific type of medication, frequency or quantity listed in the request. As such, the request is not medically necessary.

Urine Analysis Test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction Page(s): 43, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be

tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.