

Case Number:	CM15-0036955		
Date Assigned:	04/02/2015	Date of Injury:	05/14/2010
Decision Date:	05/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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

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 59-year-old female who reported an injury on 05/14/2010. The mechanism of injury was due to cumulative trauma. Her past treatments included medications, work modification, physical therapy, surgery, and bracing. A urine drug screen reported dated 10/20/2014 indicated the injured worker was positive for tramadol and desmethyl-compensable injuries-tramadol and negative for all other substances. On 11/24/2014, the injured worker underwent a Qualified Medical Evaluation. The injured worker stated she had bilateral shoulder pain with neck pain rated 5/10 and left wrist pain rated 4/10. A review of questions indicated the injured worker had an Epworth Sleepiness Scale score of 10 and a Fatigue Severity Scale score of 38, suggesting further evaluation was needed. Her medications were noted to include hydrochlorothiazide, lisinopril, metformin, levothyroxine, and some pain cream with a compound of cyclobenzaprine. The Neuropsychological Impairment Questionnaire indicated the injured worker had constant headaches and that medication and relaxation improved the pain. Furthermore, the injured worker stated she had recently lost control of her bladder or bowels. The supplemental report, dated 12/05/ 2014 indicated the injured worker underwent a GI endoscopy, which did not reveal specific findings; however, her symptoms were consistent with gastroesophageal reflux disease. a request was received for a urinalysis for toxicology quantity 1; a follow-up visit with orthopedist quantity 1; a noninvasive DNA test quantity 1; flurbiprofen /capsaicin/camphor 10/0.25%, 2%, 1% 120 gm quantity 1; ketoprofen, cyclobenzaprine/

lidocaine 10%, 3%, 5% 120 gm quantity 1; Theramine #90; Sentra AM #60; Sentra PM #60; and Gabadone #60. A rationale was not provided. A Request for Authorization form was submitted on 12/22/2014 for the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis for toxicology QTY1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: According to the California MTUS Guidelines, drug testing is indicated for identifying and assessing patients who would be using or have the presence of illegal drugs. The injured worker was noted to have tested positive for tramadol on the most recent urine drug screen submitted for review. However, there was lack of documentation noting the injured worker was using illegal drugs to recommend a urine toxicology. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Follow up visit with Orthopedist QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: According to the California MTUS/ACOEM Guidelines, follow-up visits are indicated every 3 to 5 days by a midlevel practitioner for counseling of static positioning, medication use, due to modification and other concerns. Furthermore, the guidelines indicate that physician follow-up generally occurs when a patient is released to modified, increased, or full duty is needed or after appreciable healing or recovery can be expected on average. The injured worker was noted to have chronic shoulder and cervical spine pain. However, there is a lack of documentation indicating the injured worker would be returning to work under a modified duty or full duty. Furthermore, there is a lack of clear rationale to indicate the medical necessity for a follow-up when interactions can be performed by telephone to avoid interfering with modified or full work activities. In addition, there is a lack of documentation indicating the medical necessity for the need for counseling in regard to medication use or activity modification. Based on the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary or appropriate at this time.

Noninvasive DNA test QTY 1: 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); Cytokine DNA testing.

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

Decision rationale: According to the Official Disability Guidelines, DNA testing is not recommended as there is a lack of current evidence to support the use of DNA testing for the diagnosis of pain, including chronic pain. There was a lack of documentation in regard to a clear rationale for the medical necessity of a noninvasive DNA test. There is also a lack of documentation indicating the medical necessity to diagnose fibromyalgia or complex regional pain syndrome. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Flurbiprofen/Capsaicin/Camphor 10/0.025%, 2%, 1% 120gm QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, any compounded product that contains at least 1 drug (or drug class) that is not recommended is therefore not supported. The compound contains topical NSAIDs, which are indicated for patients who have osteoarthritis and is recommended for short-term use for no longer than 4 to 12 weeks. However, there was lack of evidence to support the use of topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The compound also contains capsaicin, which is indicated for patients who have not responded or are intolerant to other treatments. They are also indicated for the treatment of osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The injured worker was noted to have been using the topical compound for an unspecified duration of time. However, there was a lack of documentation of a failed trial of antidepressants and anticonvulsants. There was also a lack of documentation indicating the injured worker had osteoarthritis, postherpetic neuralgia, diabetic neuropathy, or post mastectomy pain to utilize the formulation as stated. The request as submitted failed to specify a frequency and body region for treatment. As such, the request is not supported by the evidence based guidelines. Therefore, the request is not medically necessary or appropriate at this time.

Ketoprofen, Cyclobenzaprine/Lidocaine 10%, 3%, 5% 120gm QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, any compounded product that contains at least 1 drug (or drug class) that is not recommended is therefore not supported. The compound contains ketoprofen, which is not an FDA approved agent as a topical NSAID. Furthermore, the compound contains cyclobenzaprine, which is not supported as a topical product, as there is no evidence for use. The compound also contains lidocaine; however, the guidelines do not support the use of topical lidocaine in the formulation of a cream, lotion, or gel. The request as submitted failed to specify a frequency and body region for treatment. Based on the compound containing more than 1 drug or drug class that is not recommended or supported, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate.

Theramine #90: 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 (updated 02/10/15), medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical food.

Decision rationale: According to the Official Disability Guidelines, medical foods are not recommended for chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The injured worker was noted to have been using Theramine for an unspecified duration of time. The request as submitted failed to specify a dosage and frequency. Based on a lack of support by the guidelines, the request is not supported. As such, the request is not medically necessary or appropriate at this time.

Sentra AM #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); Pain (updated 02/10/15), medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical food.

Decision rationale: According to the Official Disability Guidelines, medical foods are not recommended for chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The injured worker was noted to have been using Sentra AM for an unspecified duration of time. The request as submitted failed to specify a dosage and frequency. Based on a lack of support by the guidelines, the request is not supported. As such, the request is not medically necessary or appropriate at this time.

Sentra PM #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); Pain (updated 02/10/15), medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical food.

Decision rationale: According to the Official Disability Guidelines, medical foods are not recommended for chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The injured worker was noted to have been using Sentra PM for an unspecified duration of time. The request as submitted failed to specify a dosage and frequency. Based on a lack of support by the guidelines, the request is not supported. As such, the request is not medically necessary or appropriate at this time.

Gabadone #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); Pain (updated 02/10/15), medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical food.

Decision rationale: According to the Official Disability Guidelines, medical foods are not recommended for chronic pain as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The injured worker was noted to have been using Gabadone for an unspecified duration of time. The request as submitted failed to specify a dosage and frequency. Based on a lack of support by the guidelines, the request is not supported. As such, the request is not medically necessary or appropriate at this time.