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| Case Number: | CM14-0141046 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 01/30/2014 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 37-year-old individual was reportedly injured on January 30, 2014. The most recent progress note, dated July 7, 2014, indicated that there were ongoing complaints of low back pain rated 6/10. The physical examination demonstrated a decrease in range of motion of lumbar spine and tenderness to palpation. Straight leg raising was positive at length of 50. Diagnostic imaging studies revealed degenerative osteophytic conditions in the lumbar spine. Previous treatment included 35 physical therapy and chiropractic sessions. On August 20, 2014, prior utilization review denied a request for Retrospective: Chiropractic therapy to the lumbar spine, three times per week for four weeks - Unspecified DOS, Retrospective: Urinalysis for toxicology (DOS: 06/04/2014), Retrospective: Flurbiprofen/Capsaicin/Menthol/Camphor, 120gram (DOS: 06/04/2014), Retrospective: Ketoprofen/Cyclobenzaprine/Lidocaine, 120gram (DOS: 06/04/2014, Retrospective: Tramadol ER #60 (DOS: 06/04/2014) - Unspecified dosage, Retrospective: Omeprazole #60 (DOS: 06/04/2014) - Unspecified dosage and Retrospective: Cyclobenzaprine #60 (DOS: 06/04/2014) - Unspecified dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Chiropractic therapy to the lumbar spine, three times per week for four weeks - Unspecified DOS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: CA MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks are supported. After review of the available medical records, there is no clinical documentation or baseline level of function to show future subjective or objective improvements with the requested treatment. In addition, # 35 visits request exceeds the maximum visits that are allowed by treatment guidelines. As such, this request is not considered medically necessary.

Retrospective: Urinalysis for toxicology (DOS: 06/04/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT), Criteria for Use of Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78.

Decision rationale: As outlined in the ACOEM guidelines, there is support for urine drug screening as part of a chronic opioid management protocol. However, there needs to be issues relative to abuse potential, indication of possible illicit drug use, or drug diversion or some clinical indication to perform this study. Seeing none, this is not medically necessary.

Retrospective: Flurbiprofen/Capsaicin/Menthol/Camphor, 120gram (DOS: 06/04/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product, that contains at least one drug (or drug class), that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, the request for FluriFlex is not considered medically necessary.

Retrospective: Ketoprofen/Cyclobenzaprine/Lidocaine, 120gram (DOS: 06/04/2014):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Cyclobenzaprine-Ketoprofen-Lidocaine - MTUS Chronic Pain guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical NSAIDs for treatment of the above noted diagnosis. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (muscle relaxant). When noting two medications in this compounded topical formula are not recommended, the use of this medication would not fall within guideline parameters for recommendation. Therefore, this request is not considered medically necessary.

Retrospective: Tramadol ER #60 (DOS: 06/04/2014) - Unspecified dosage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

Retrospective: Omeprazole #60 (DOS: 06/04/2014) - Unspecified dosage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Proton pump inhibitors (PPIs)

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

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk

factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

Retrospective: Cyclobenzaprine #60 (DOS: 06/04/2014) - Unspecified dosage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.