

Case Number:	CM13-0007617		
Date Assigned:	12/11/2013	Date of Injury:	05/11/2011
Decision Date:	04/24/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/07/2013

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 FAMILY PRACTICE and is licensed to practice in California. 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 patient is a 61 year old male with cumulative trauma injury dated 5/11/11. He is followed for diagnoses of lumbar spine myofascial sprain, lumbar multiple disc bulge, and lumbar spondylosis. Treatment has included LESI, Tramadol, Vicodin, and acupuncture. Utilization review recommended to non-certify Gabacyclotram #180 gram, Flurbi 1809 gram, Genicin 500 mg, urine analysis, and lumbar support. The request for 8 sessions of PT post-LESI was modified to allow two sessions. The medical records indicate that the patient has undergone prior urine drug screening (UDS). On November 18, 2011 UDS was positive for hydrocodone and tramadol, with prescribed medications consisting of Soma and Vicodin. On January 11, 2013 urine drug screen was positive for hydrocodone, hydromorphone, and prescribe medication consisted of Vicodin. On February 24, 2012 urine drug screen was positive for tramadol, hydrocodone and hydromorphone with prescribed medication consisting of Vicodin. On April 19, 2013 and May 17, 2013 UDS was positive for Norco and tramadol and was consistent with prescribed medications. The patient was seen on July 12, 2013 complaining of low back pain with radiation. He is getting his third epidural steroid injection. Request was made for a lumbar brace, 8 sessions of physical therapy status-post epidural steroid injection, UDS, creams, and ointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SUPPORT QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: The request for a lumbar support is not medically necessary. According to the ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient's injury is in 2011 and has far surpassed the acute stage. Furthermore there is no evidence of fracture spondylolisthesis, or instability in to support a lumbar brace.

PHYSICAL THERAPY POST LESI QTY: 8.00: 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) , LOW BACK CHAPTER, PHYSICAL THERAPY

Decision rationale: The request for 8 sessions of physical therapy post-epidural steroid injection is not supported. The patient has a date of injury in 2011 and has undergone prior physical therapy treatments. The CA MTUS guidelines do not address post injection physical therapy. However, the Official Disability Guidelines recommend one to two sessions of physical therapy post injection. The medical records indicate that utilization review modified to allow two sessions of physical therapy post injection. A request for 8 sessions of physical therapy post-epidural steroid injection is not medically necessary.

URINALYSIS QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING, OPIOIDS, CRITERIA FOR USE, OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION Page(s): 43, 7.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommends the use of UDS for patients with issues of abuse, addiction, or poor pain control. The medical records do not establish that that is the case with this patient. Per the above Guidelines, UDS may be recommended if there has been evidence of misuse or inconsistency with controlled or opiate drugs. In this case, the patient has undergone prior urine drug screens which have been consistent and there has been no evidence of abuse.

GENICIN 500MG QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE AND CHONDROITIN SULFATE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE Page(s): 49-50.

Decision rationale: The request for GENICIN is not medically necessary. Glucosamine (and Chondroitin Sulfate) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. In this case the patient is not diagnosed with knee OA to support this medication.

FLURBI 180 GR QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 110-112.

Decision rationale: The medical necessity of NSAID flurbiprofen in a topical application is not medically necessary. The CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. This does not appear to be the case for this patient, and furthermore, there is no evidence that the patient is unable to tolerate oral NSAIDs. Moreover, the referenced guidelines state that topical NSAIDs may be indicated for body parts that are amenable to topical treatment such as the knee. In this case, this topical NSAID is noted to be for the lumbar spine. The medical necessity of the topical medication is not established.

GABACYCLOTRAM 180 GR QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, GABAPENTIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 110-112.

Decision rationale: The request for topical Gabacyclotram topical medication is not medically necessary. The CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. References state that there is little to no research to support the use of many these agents. The guidelines also specifically state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended in a topical application.

Muscle relaxants such as cyclobenzaprine are also not recommended in topical application. It should also be pointed out that the patient is also on oral opiates such as tramadol, and this topical application consists of tramadol. Providing medications in both oral and topical applications is not supported.