

Case Number:	CM13-0065051		
Date Assigned:	01/03/2014	Date of Injury:	01/14/2008
Decision Date:	04/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 physician 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:

This patient was injured on 1/14/2008. The IMR application shows a dispute with the 11/27/13 UR decision. The 11/27/13 UR letter is from [REDACTED] and denies 14 items based on the 10/14/13 medical report. According to the 10/14/13 medical report from [REDACTED], the patient presents with cervical, thoracic, lumbar and bilateral shoulder pain. The diagnoses includes cervical disc syndrome; cervical radiculopathy, thoracic sprain; lumbar sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 LINT therapy sessions: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter Online for Hyperstimulation analgesia..

Decision rationale: According to the 10/14/13 medical report from [REDACTED], the patient presents with cervical, thoracic, lumbar and bilateral shoulder pain. He requests LINT for the lumbar spine. MTUS and ACOEM do not discuss LINT treatment, so ODG guidelines were

consulted. ODG, in the low back chapter, specifically states this is not recommended. The request is not in accordance with ODG guidelines.

1 x-ray of the thoracic spine: 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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the 10/14/13 medical report from [REDACTED], the patient presents with cervical, thoracic, lumbar and bilateral shoulder pain. He requests x-rays for the thoracic spine. Thoracic exam showed painful ROM and tenderness at T2-T6 spinous processes and paravertebral muscles. NCV/EMG from 5/30/13 showed bilateral CTS. MTUS/ACOEM guidelines, chapter 8 for neck and upper back states the "Criteria for ordering imaging studies are: - Emergence of a red flag - Physiologic evidence of tissue insult or neurologic dysfunction - Failure to progress in a strengthening program intended to avoid surgery - Clarification of the anatomy prior to an invasive procedure" The medical report does not document emergence of a red flag, evidence of thoracic neurological dysfunction; no discussion of anticipated thoracic surgery or invasive procedures. The request is not in accordance with MTUS/ACOEM guidelines.

1 MRI of the lumbar spine: 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the 10/14/13 medical report from [REDACTED], the patient presents with cervical, thoracic, lumbar and bilateral shoulder pain. He requests a lumbar MRI. The exam findings states there is tenderness to palpation L5/S1 spinous process and Kemp's test causes pain. MTUS/ACOEM guidelines for lumbar imaging states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The request for a lumbar MRI is not in accordance with MTUS/ACOEM guidelines, The exam findings did not identify a specific nerve compromise, and there were no indications for lumbar surgery documented.

1 prescription for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 10/14/13 medical report from [REDACTED], the patient presents with cervical, thoracic, lumbar and bilateral shoulder pain. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound contains Flurbiprofen, a topical NSAID. MTUS for topical NSAIDs states these are recommended for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and MTUS specifically states: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder". MTUS does not recommend topical Flurbiprofen for the spine or shoulders. Therefore the whole compounded medication that contains flurbiprofen is not recommended.

1 prescription of Flurbiprofen 20%, Tramadol 20% 240 grams: 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) and National Guidelines Clearinghouse

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

Decision rationale: According to the 10/14/13 medical report from [REDACTED], the patient presents with cervical, thoracic, lumbar and bilateral shoulder pain. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound contains Flurbiprofen, a topical NSAID. MTUS for topical NSAIDs states these are recommended for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and MTUS specifically states: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder". MTUS does not recommend topical Flurbiprofen for the spine or shoulders. Therefore the whole compounded medication that contains flurbiprofen is not recommended.

1 Urine Toxicology Test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Online, Pain chapter for Urine Drug Testing

Decision rationale: According to the 10/14/13 medical report from [REDACTED], the patient presents with cervical, thoracic, lumbar and bilateral shoulder pain. He is not taking opiates, but has been using Flexeril, Ultracet, ibuprofen and Prilosec. MTUS guidelines state UDT are: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." There are no prior UDT provided for this IMR. The request appears to be consistent with the MTUS guidelines.

DNA testing: 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)-TWC, Online Pain Chapter Genetic Testing for Potential Opioid Abuse.

Decision rationale: According to the 10/14/13 medical report from [REDACTED], the patient presents with cervical, thoracic, lumbar and bilateral shoulder pain. He requested DNA testing. MTUS and ACOEM do not mention genetic or DNA testing for potential opioid abuse, so ODG guidelines were consulted. ODG guidelines specifically state this is not recommended. The request for DNA testing is not in accordance with ODG guidelines.