

Case Number:	CM13-0016904		
Date Assigned:	11/06/2013	Date of Injury:	12/04/2010
Decision Date:	03/05/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/26/2013

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, 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:

The patient is a 57-year-old male who reported an injury on 12/04/2010 due to a fall of approximately 9 feet that reportedly caused injury to his head, neck, back and left ankle. His treatments included medication, physical therapy, acupuncture, chiropractic care, and psychological support. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documents that the patient has constant pain and numbness of the low back and cervical spine that radiates into the lower extremities. It is noted that the patient has pain relief with medications and therapy. The patient's treatment plan included DNA testing, a urinary toxicology report, and topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Capsaicin 0.025%, Flurbiprofen 30%, Tramadol 10%, Methyl Salicylate 4% 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Effectiveness of topical

administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson- Journal of pain and symptoms, 2009 - Elsevier.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of methyl salicylate for osteoarthritic pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is osteoarthritic in nature. Additionally, the MTUS Chronic Pain Guidelines only recommend the use of nonsteroidal anti-inflammatory drugs as topical agents for short courses of treatment for patients who are intolerant of oral formulations or when oral formulations are contraindicated for the patient. The clinical documentation submitted for review does not provide any evidence that the patient cannot tolerate oral formulations of this medication. The MTUS Chronic Pain Guidelines also state that the use of capsaicin as a topical agent is only recommended for patients who have not tolerated other first line treatments. The clinical documentation submitted for review does not provide any evidence that the patient has been intolerant of other treatments. Peer reviewed literature does not support the use opioids such as tramadol for use as topical agents as there is no scientific evidence to support the efficacy and safety of this formulation of medication. As such, the requested Capsaicin 0.025%, Flurbiprofen 30%, tramadol 10%, Methyl Salicylate 4% 240 gm between 07/11/2013 and 10/11/2013 is not medically necessary and appropriate.

One prescription of Flurbiprofen 20%, Tramadol 20% 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson- Journal of pain and symptoms, 2009 - Elsevier.

Decision rationale: The MTUS Chronic Pain Guidelines only recommend the use of nonsteroidal anti-inflammatory drugs as topical agents when the patient is intolerant of oral formulations and oral formulations of these medications are contraindicated to the patient. The clinical documentation submitted for review does not support that the patient cannot tolerate oral formulations of nonsteroidal anti-inflammatory drugs or that they are contraindicated for this patient. Additionally, peer reviewed literature does not support the use of opioids as topical analgesics as there is no scientific evidence to support efficacy and safety of this formulation of medication. The MTUS Chronic Pain Guidelines state that any compounded medication that it contains at least 1 drug or drug class that is not recommended is not supported by guideline recommendations. As such, the requested Flurbiprofen 20%, tramadol 20% 240 gm is not medically necessary and appropriate.

One urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System

Guidelines for Clinical care: Managing Chronic Non-Terminal Pain, Including Prescribing Controlled Substances (May 2009) pg 33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, section on Urine Drug Screens.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient is regularly monitored for aberrant behavior with urine drug screens. The MTUS Chronic Pain Guidelines recommend urine drug testing for patients who are suspected of using illicit drugs or when there is a high risk of suspicion of aberrant behavior. The Official Disability Guidelines recommend that patients who are at low risk for noncompliance to a medication schedule be drug tested on a yearly basis. The clinical documentation submitted for review provides evidence that the patient was already tested twice within the last year with consistent results. The most recent documentation does not provide any evidence that the patient is at risk for noncompliance to the prescribed medication schedule or has any symptoms to support suspicion of illicit drug use. As such, the requested urine toxicology screening is not medically necessary and appropriate.

One functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines Fitness for Duty, section on Functional Capacity Evaluation.

Decision rationale: The ACOEM Guidelines state that the use of a Functional Capacity Evaluation to obtain a more precise delineation of patient capabilities that is available from routine physical examination and notes is appropriate for patients who will return to work. The clinical documentation submitted for review does not provide any evidence that the patient has any intention of returning to work. Therefore, the need to determine the patient's physical demand level is not supported by the documentation. Additionally, Official Disability Guidelines recommend Functional Capacity Evaluations for patients who are at or near maximum medical improvement. The clinical documentation submitted for review does not provide any evidence that the patient is at maximum medical improvement as they continue to receive conservative care. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate.