MAXIMUS Federal Services

Case Number:	CM13-0021605		
Date Assigned:	11/13/2013	Date of Injury:	11/24/2012
Decision Date:	01/27/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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 Oklahoma and Texas. 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 52-year-old male with a reported date of injury on 11/24/2012. The patient presented with complaints of continued pain in the left wrist, pain traveling to the neck with increased left shoulder pain, left shoulder blade region pain, decreased shoulder range of motion, and tenderness to palpation on the greater tuberosity of the humerus. The patient had diagnoses including left shoulder sprain/strain, positive MRI for tendinitis and impingement, left hand sprain/strain, positive NCV for carpal tunnel syndrome, left knee sprain/strain and cervical spine sprain/strain, and rule out herniated cervical disc with radiculitis/radiculopathy. The physician's treatment plan included request for tramadol 7%, gabapentin 7%, and cyclobenzaprine 5% 120 g QTY: 4.00 and request for urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Tramadol 7%/Gabapentin 7%/Cyclobenzaprine 5%, 120g QTY: 4.00: Upheld

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

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

Decision rationale: The California MTUS Guidelines state, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines note the topical use of gabapentin is not recommended, as there is no peer-reviewed literature to support use. The guidelines also note there is no evidence for use of any other muscle relaxant as a topical product. Within the provided documentation, the patient had predominantly left shoulder complaints. Guidelines note the use of gabapentin as a topical agent is not recommended, as well as the use of cyclobenzaprine as a topical agent. Guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for tramadol 7%/gabapentin 7%/cyclobenzaprine 5% is neither medically necessary, nor appropriate.

Request for urine analysis: Upheld

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

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

Decision rationale: The California MTUS guidelines note the use of urine drug screens is recommended as an option to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to ensure the patient is compliant with their full medication regimen. The patient underwent urine drug testing on 07/30/2013, 06/25/2013, 05/28/2013, 04/23/2013, 02/26/2013, and 01/29/2013. The urine drug screens dated 07/30/2013 and 06/25/2013 appeared per the provided documentation to be congruent with the patient's medication regimen. The urine drug screen on 05/28/2013 was negative for all substances. Within the provided documentation, it was unclear if the 07/30/2013 urine drug screen was the patient's most recent urine drug screen. Therefore, it cannot be determined if the frequency of the urine drug screen is consistent with guideline recommendations. Additionally, the requesting physician's rationale for the request was unclear. Therefore, the request for a urinalysis is neither medically necessary, nor appropriate.