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| <b>Case Number:</b>   | CM13-0021810 |                              |            |
| <b>Date Assigned:</b> | 11/13/2013   | <b>Date of Injury:</b>       | 07/24/2000 |
| <b>Decision Date:</b> | 01/16/2014   | <b>UR Denial Date:</b>       | 08/28/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 and 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 is a 74 year-old, female cook with a 7/24/00 cumulative trauma injury to multiple body regions. The IMR application shows a dispute with the 8/28/13 utilization review decision. The 8/28/13 utilization review letter is from CID and is based on the 8/12/13 medical report. CID denied the compounded topical creams consisting of capsaicin, flurbiprofen, tramadol, menthol and camphor; and the compound cream consisting of flurbiprofen and tramadol. The utilization review also denied the use of Flexeril and the urine drug test (UDT). The 8/12/13 PR2 by [REDACTED] states, the right wrist and shoulder are improved and that tramadol and creams are helping. Right wrist pain was listed at 6/10 with positive Phalens. The 5/15/13 AME by [REDACTED] reports bilateral wrist/hand pain, right shoulder pain, neck pain, infrequent knee pain and resolved low back pain she had total knee arthroplasty bilaterally in 9/22/11. She was reported to be using naproxen and cyclobenzaprine. There was history of median nerve entrapment at the wrist and ulnar nerve at the cubital tunnel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Fluribprofen 20%, Tramadol 10%, Menthol 2%, Camphor 2% #240 gr:** Upheld

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

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

**Decision rationale:** The California MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested compounded cream consists of Capsaicin, Flurbiprofen, Tramadol, Menthol and Camphor. The medical records provided are from 8/6/12 to 7/22/13. It does not appear that the patient meets the criteria for Capsaicin. The California MTUS states this is for patients who have not responded to or are intolerant to other treatments. There is no discussion on medications/treatments that were tried and were ineffective. The patient is reported to use the cream on the shoulder as well as the wrists and knees, but MTUS states topical NSAIDs are not recommended for spine, hip or shoulders. There is no discussion for necessity of using both topical and oral tramadol. The California MTUS Guidelines does not discuss use of menthol or camphor. The patient has not met the MTUS criteria for necessity of each of the components of the compound topical, therefore the whole topical compound is not in accordance with MTUS guidelines.

**Flurbiprofen 20%, Tramadol 20% #240 gr:** Upheld

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

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

**Decision rationale:** The California MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested compounded cream consists of Flurbiprofen and tramadol. The medical records provided are from 8/6/12 to 7/22/13. The patient is reported to use the cream on the shoulder as well as the wrist, but MTUS states topical NSAIDs are not recommended for spine, hip or shoulders. There is no discussion for necessity of using both topical and oral tramadol. The patient has not met the MTUS criteria for necessity of each of the components of the compound topical. Therefore, the whole topical compound is not in accordance with MTUS guidelines.

**Flexeril 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines specifically states cyclobenzaprine is not recommended to be used longer than 2-3 weeks. The records show the patient has been taking cyclobenzaprine as far back as 5/15/13. The request for continued use of cyclobenzaprine exceeds MTUS recommendations.

**urine toxicology:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter for Urine Drug Testing.

**Decision rationale:** The issue appears to be the frequency of urine drug testing. The California MTUS does not specifically discuss the frequency that urine drug testing should be performed. The Official Disability Guidelines (ODG) is more specific on the topic and states, "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. This patient was tested on 7/15/13, 8/12/13, and there was billing for lab testing in April 2013, but no corresponding report. There is no discussion of the patient being at high risk for aberrant drug behavior. ODG guidelines state that for patient's at low risk, testing can be within 6 months of initiation of therapy, then on a yearly basis thereafter. The request for urine drug testing is not in accordance with the frequency listed under ODG guidelines.