

Case Number:	CM13-0028140		
Date Assigned:	11/22/2013	Date of Injury:	12/25/2011
Decision Date:	01/29/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/23/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic left and low back pain reportedly associated with an industrial injury of December 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a utilization review report of September 18, 2013, the claims administrator denied a request for several topical compounds. Flexeril and Tylenol No. 4 were certified while urine drug screen was not certified. The applicant's attorney later appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 20% topical cream 30 grams qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Guidelines, Gabapentin is not recommended for topical compound formulation purposes. This results in the entire

compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Guidelines. Accordingly, the request for Gabapentin 20% topical cream 30 grams qty 1 is not medically necessary and appropriate.

Ketoprofen 20% topical cream 30 grams qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As with the Gabapentin containing cream, page 122 of the MTUS Chronic Pain Guidelines does not recommend usage of Ketoprofen for topical compound formulation purposes. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Guidelines. Accordingly, the request for Ketoprofen 20% topical cream 30 grams qty 1 is not medically necessary and appropriate.

Tramadol 20% topical cream 30 grams qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As noted in the ACOEM Guidelines in chapter 3, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to make a case for topical agents or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the request for Tramadol 20% topical cream 30 grams qty 1 is not medically necessary and appropriate.

Xanax .25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Guidelines, benzodiazepines such as Xanax are not recommended for chronic or long-term use purposes. In this case, no rationale or applicant specific information was attached to the request for authorization so as to try and offset the unfavorable MTUS recommendation. Therefore, the request for Xanax .25mg #60 is not medically necessary and appropriate.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter

Decision rationale: While page 43 of the MTUS Chronic Pain Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or establish a frequency with which to perform urine drug testing. The Official Disability Guidelines (ODG) chronic pain chapter urine drug testing topic does suggest that an attending provider clearly furnish a list of those drug tests and/or drug panels which he intends to test for along with the request for authorization. The applicant's complete medication list and/or medication profile should also be attached to the request for authorization, the ODG further notes. In this case, however, the attending provider has not clearly detailed the applicant's complete medication list. Performing urine drug testing in the context of the attending provider's failure to furnish the applicant's complete medication list and/or list of those drug tests and drug panels which he intends to test for is not recommended. Therefore, the request for a urine drug screen is not medically necessary and appropriate.