

Case Number:	CM13-0048916		
Date Assigned:	12/27/2013	Date of Injury:	10/16/2007
Decision Date:	04/03/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working least at 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 is a 55 year-old with a date of injury of 10/16/07. A 10/03/13 progress report associated with the request for services is handwritten and not entirely legible. It identified subjective complaints of decreased pain. Objective findings included decreased pain with range-of-motion of the lumbar spine. Diagnoses included lumbago and sciatica. A 05/30/13 evaluation noted prior treatment with physical therapy and acupuncture that had helped. Treatments at that time such as topical or oral medications again were not listed. A Utilization Review determination was rendered on 10/29/13 recommending non-certification of "Toxicology-urine drug screen; Topical Flurbiprofen 20%/Tramadol 20% in Mediderm base; Gabapentin 10%/Amitriptyline 10%/Dexamethorphan 105 in Mediderm base and Gabapentin 10%/Tramadol 20%/Lidocaine 5% in Mediderm base."

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology-urine drug screen: 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): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) recommends frequent random urine toxicology screens without specification as to the type. The Official Disability Guidelines (ODG) state that urine drug testing is recommended as a tool to monitor compliance with prescribed substances. The ODG further suggests that in "low-risk" patients, yearly screening is appropriate. In this case, there is no documentation of current or anticipated drug therapy typically monitored with a urine drug screen. Therefore, the record does not document the medical necessity for a urine drug screen.

Topical Flurbiprofen 20%/Tramadol 20% in Mediderm base; Gabapentin 10%/Amitriptyline 10%/Dexamethorphan 105 in Mediderm base and Gabapentin 10%/Tramadol 20%/Lidocaine 5% in Mediderm base.: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics, and www.updates.pain-topics.org; J Anesth. 2010 Oct; 24(5):705-8.

Decision rationale: Flurbiprofen 20% is an NSAID being used as a topical analgesic. Tramadol 20% is an opioid being used as a topical analgesic. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and or short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The efficacy of topical tramadol is not specifically addressed in the MTUS or the ODG. There is some data that topical tramadol has efficacy directly at an acute postsurgical site. However, there is insufficient data to assure that significant systemic absorption does not occur. Lacking definitive data on the efficacy of topical tramadol, the medical record does not document neuropathic pain that has failed antidepressant or anticonvulsant therapy or other compelling reason for its use. In this case, there is no documentation of the failure of conventional therapy or documented functional improvement for the medical necessity of flurbiprofen as an NSAID topical agent or the use of tramadol as a topical agent. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, there is no documented medical necessity for the topical compound flurbiprofen 20%/tramadol 20%. Gabapentin is an anti-epilepsy drug. The MTUS Guidelines state that gabapentin is: "Not recommended. There is no peer-reviewed literature to support use." The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, there is no documented medical necessity for the compound topical Gabapentin 10%/Amitriptyline 10%/Dexamethorphan 105 or for the compound topical Gabapentin 10%/Tramadol 20%/Lidocaine 5%.