

<b>Case Number:</b>	CM13-0058838		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/31/2003
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 patient is a 64-year-old male with a 05/31/2003 reported industrial injury. In the course of work as an electrician he developed a variety of orthopedic difficulties, including bilateral knee pain and decreased range of motion. These injuries prompted two arthroscopies, one in each knee. On 02/13/2013, a urine drug screen was insistent with prescription therapy. Hydrocodone was reported as prescribed with last dosage 0 hours before the screen. Hydrocodone was reported as prescribed without the last dosage. Hydrocodone has an average detection time in urine of 72 hours. A urine drug screening was also done on 03/24/2013, 04/18/2013, 08/14/2013, and 09/11/2013. On 10/09/2013 a drug compliance and diversion screen was conducted to help assess patient compliance and to identify signs of the possibility of drug diversion and drug interactions. Drug classes that were tested include opiates, narcotics/analgesics, benzodiazepines, muscle relaxants, antidepressants, and other commonly prescribed medications. A drug-drug interaction is also performed as part of this screen. The prescribed medications "not detected" in the urine drug screen could stem from various different reasons. Some include intermittent or as needed medication use, ineffectiveness of therapy, adverse reactions, patient misuse of medications, or in some cases, diversion of prescription drugs. The following were prescribed and "not detected". A clinic note dated 08/26/2013 documented that the prescribed medications were "not detected" in a urine drug screen could stem from various different reasons. Subjective complaints states that the patient complains of ongoing aching and stabbing pain to his knees and low back, which he rates as 6-8\10 on the pain scale. He complains of aching and stabbing pain to his left shoulder, which he rates as 4-7/10. He also complains of aching and stabbing pain to his left foot, which he rates as 8-9/10. Objective findings on exam included a normal antalgic gait. An examination of the knees revealed decreased motion and crepitus with motion and limited deep knee bend due to pain. Examination of the left foot revealed tenderness at the

metatarsalphalangeal (MTP) area on the plantar aspect, with a palpable nodule that is present, that is also unchanged. The patient was diagnosed status post right total knee arthroplasty, left knee arthrosis, status post left shoulder arthroscopy, lumbar discopathy and rule out possible left foot neuroma secondary to abnormal gait.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addition. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Urine drug testing (UDT).

**Decision rationale:** The Chronic Pain Guidelines indicate that urine drug screening is recommended to assess for the use or the presence of illegal drugs and to monitor compliance with the prescribed substances. The Official Disability Guidelines indicate that patients at "low risk" of addiction/aberrant behavior should be tested within six (6) months of initiation of therapy and on a yearly basis thereafter. In this case, the urine drug screens were done several times in 2013. Thus, the request for urine drug screen exceeds the guidelines recommendation and is not medically necessary. Therefore, the request is non-certified.

**One (1) prescription of Flurflex cream 180mg:** 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 rationale:** Flurflex is a topical analgesic containing Flurbiprofen and Cyclobenzaprine. The Chronic Pain Guidelines indicate that there is no evidence for use of muscle relaxant as a topical product. The guidelines also indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Thus, the request for Flurflex is non-certified.

**One (1) prescription of TGHOT cream 180gm:** 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 rationale:** TGHot cream is a topical analgesic containing tramadol, gabapentin, menthol, camphor, and capsaicin. The Chronic Pain Guidelines indicate that gabapentin is not recommended as a topical product. The guidelines also indicate that any compounded product that contains at least one (1) drug (or drug class) that is not recommended is not recommended. Thus, the request for TGHot is noncertified.