

Case Number:	CM13-0064792		
Date Assigned:	01/03/2014	Date of Injury:	06/04/2003
Decision Date:	05/20/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 65 year old male with date of injury 6/4/03. The treating physician report dated 11/7/13 indicates that the patient has chronic lower back pain with diagnoses of: 1. Lower back pain with radicular symptoms to left lower extremity. 2. MRI finding of 5mm disc bulge L4/5, 4mm disc bulge at L5/S1 with moderate to severe neural foraminal narrowing at L5/S1. The utilization review report dated 12/3/13 denied the request for urinary toxicology screening, TG Ice cream and Fluriflex based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) URINE TOXICOLGY SCREENING: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-Terminal pain, including Prescribing Controlled Substance (May 2009) page 10

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

Decision rationale: The patient presents with chronic pain and has been prescribed Norco for at least the previous 4 months prior to the 11/7/13 treating physician report. The Chronic Pain Medical Treatment Guidelines recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. The review of the reports does not show that there were any other urine toxicology in 2013. Therefore given the above the request is medically necessary and appropriate.

(1) PRESCRIPTION OF TG ICE CREAM: 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 Topical Analgesics Page(s): 111.

Decision rationale: The patient presents with chronic back pain with positive MRI for 5mm disc bulge. In researching TGIce Cream, I believe this is a combination cream containing Tramadol and Gabapentin. Chronic Pain Medical Treatment Guidelines do not support either of these medications in a compounded formulation. The treater does not specify what is contained in this compound. Recommendation is for denial.

1 PRESCRIPTION OF FLURIFLEX OINTMENT: 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 Topical Analgesics Page(s): 111.

Decision rationale: The patient presents with chronic back pain with positive MRI for 5mm disc bulge. The request is for FluriFlex, a transdermal cream. The Chronic Pain Medical Treatment Guidelines note that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Fluriflex topical ointment contains Flurbiprofen and Flexeril. Of these, Flexeril topical cream is not recommended per MTUS guidelines. Therefore the request for 1 prescription of Fluriflex Ointment is not medically necessary and appropriate.