

Case Number:	CM14-0008049		
Date Assigned:	01/29/2014	Date of Injury:	10/02/2003
Decision Date:	06/19/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 & Rehabilitation 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 injured worker reported an injury on 10/02/2003. The mechanism of injury was not provided in the clinical documentation. Per a urine drug screen dated 12/17/2013 the injured worker tested positive for hydrocodone which was prescribed and there were no other positive results reported. Per the clinical note dated 12/10/2013 the injured worker reported continued pain to the neck, bilateral shoulders with pain radiating to bilateral arms, and lower back with pain radiating to bilateral lower extremities, right greater than left. Diagnoses reported for the injured worker included neck pain with radiculopathy to upper extremities, bilateral shoulder pain, ruled out internal derangement, and low back pain with radiculopathy to lower extremities. Per the clinical note dated 09/10/2013 the injured worker had decreased range of motion to the cervical spine with flexion and extension at 45 degrees as well as decreased range of motion to bilateral shoulders. Flexion of shoulders was 170 degrees on the right and 160 degrees on the left abduction bilaterally was 160 degrees. The request for authorization of medical treatment was not provided in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX: 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 MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Page(s): 111-113.

Decision rationale: Per the CA MTUS guidelines there is no evidence for use of a muscle relaxant, such as cyclobenzaprine, for topical application. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended per the guidelines. Flubiprofen is an NSAID. The guidelines recommend the use of topical NSAIDs for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Cyclobenzaprine is a muscle relaxant which is not recommended for topical use; as the guidelines note any compounded medication containing at least one drug that is not recommended, the compounded medication would not be indicated. Therefore the request for Fluriflex is not medically necessary and appropriate.

URINE TOXICOLOGY SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: Per the CA MTUS guidelines a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. It is also recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. 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. The injured worker's prior urine drug screen did not show any illicit or inappropriate drugs. The injured worker is at a low risk for addiction or aberrant behavior and therefore a drug urine screen should only be required once a year. As a urine drug screen was performed on 07/17/2013 a repeat urine drug screen would not warranted at this time. Therefore the request for a urine toxicology screen is not medically necessary and appropriate.