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| Case Number: | CM14-0108839 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 02/14/2013 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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 is a 42-year-old male who reported an injury on 02/14/2013. The mechanism of injury was being hit by a forklift. Diagnoses included lumbar radiculopathy, disc protrusion, and spinal stenosis. Past treatments included lumbar epidural steroid injections and medications. Diagnostic testing included an official urine drug screen on 04/14/2014, which was consistent with prescribed medications. Surgical history was not provided. The clinical note dated 05/14/2014 indicated the injured worker complained of constant low back pain radiating to the lower extremities with numbness and tingling. Pain was rated 9/10 without medications, and 6/10 with medications. Physical examination revealed positive bilateral straight leg raise, tenderness to palpation of the lumbar spine, decreased range of motion of the lumbar spine, and decreased sensation of the bilateral lower extremities in the L5-S1 dermatome. Current medications included ibuprofen 800 mg, Norco 10/325 mg, Cyclobenzaprine 10 mg, Xolido 2% cream, and Methoderm gel. The treatment plan included Cyclobenzaprine, Xolido cream, and a retrospective request for a urine drug screen. The rationale for the request was pain control, as well as monitoring for misuse or addiction of medications. The Request for Authorization form was completed on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41-42.

Decision rationale: The request for Cyclobenzaprine is not medically necessary. The California MTUS Guidelines indicate that cyclobenzaprine is recommended as an option using a short course of therapy for the management of back pain. The injured worker complained of constant low back pain radiating to the bilateral lower extremities with numbness and tingling. He rated the pain 9/10 without medications, and 6/10 with medications. The injured worker had been taking the requested medication since at least 03/17/2014. There is a lack of documentation of significant pain relief or functional improvement while taking the medication. Continued use of the medication would indicate a treatment plan longer than the short course of therapy recommended by the guidelines. Additionally, the request does not include indicators of dosage, quantity, or frequency for taking the medication. Therefore, the request for Cyclobenzaprine is not medically necessary.

Xolindo Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112..

Decision rationale: The request for Xolindo Cream is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental, with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker complained of low back pain radiating to the bilateral lower extremities. He had been taking the requested medication since at least 03/17/2014. Xolindo cream contains Lidocaine. Lidoderm patch is the only recommended topical form of Lidocaine. Additionally, the request does not indicate quantity, frequency, or specific location for using the cream. Therefore, the request for Xolindo Cream is not medically necessary.

Retrospective Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014, Pain, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing

Decision rationale: The retrospective request for Urine Drug Screen is not medically necessary. The California MTUS Guidelines indicate that the ongoing management of chronic pain patients on opioids includes documentation of the occurrence of any potentially aberrant (or non-adherent) drug related behaviors which can be achieved through the use of urine drug screens. The injured worker was prescribed narcotics for low back pain, and had been taking them since at least 03/2014. An official urine drug screen collected on 04/14/2014 was appropriate for the prescribed medications. A urine drug screen was also collected on 03/17/2014. The results of this test were not provided, however there is a lack of evidence of any non-adherent drug related behaviors. Patients at low risk of addiction/aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. Because there is a lack of evidence of any previous inconsistent urine drug screens or non-adherent drug related behavior, the request is not supported. Therefore, the retrospective request for Urine Drug Screen is not medically necessary.