

Case Number:	CM14-0011837		
Date Assigned:	02/21/2014	Date of Injury:	07/27/2012
Decision Date:	08/06/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 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:

This is a 48-year-old female with a 7/27/12 date of injury. The mechanism of injury was not provided. In a 12/12/13 progress note, the patient complained of ongoing pain to her bilateral hands and upper extremities. On physical examination of the bilateral hands and wrists, there was tenderness and decreased grip strength. There was decreased sensation noted and painful Tinel's and Phalen's signs. The diagnostic impression is bilateral upper extremity overuse tendinopathy, bilateral carpal tunnel syndrome. Treatment to date includes medication management and activity modification. Also, it was noted that there is no documentation of aberrant behavior as per claim review. Regarding Fluriflex (flurbiprofen/cyclobenzaprine 15/10%) cream 180 gm and TGIce (tramadol/gabapentin/menthol/camphor 8/10/2/2%) cream, the patient has pain complaints, however, there is no documentation of intolerance to oral pain medication and that the patient needs an alternative treatment in the form of topical analgesics. Further, the claimant is currently taking gabapentin for neuropathic pain, and there is no evidence that this medication has failed. Additionally, there is no documentation of failed trials of antidepressants and anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC REFERRAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In the progress notes reviewed, it is documented that the patient had a consult with a psychiatrist on 8/28/13. She was diagnosed with chronic adjustment disorder with mixed anxiety and depressed mood. The psychiatrist recommended psychotherapy for the patient. There was no rationale provided by the primary treating physician as to why another psychiatric referral is necessary. Therefore, the request for psychiatric referral was not medically necessary.

FLURIFLEX CREAM 180GM: 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 Page(s): 111-113.

Decision rationale: An online search has revealed that Fluriflex ointment/cream is a combination of Flurbiprofen/Cyclobenzaprine 15/10%. The CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains topical cyclobenzaprine and Flurbiprofen, which are not currently supported by the MTUS and the ODG guidelines. A specific rationale identifying why Fluriflex would be required in this patient despite lack of guidelines support was not provided. Therefore, the request for Fluriflex Cream 180 GM was not medically necessary.

TGICE CREAM 180GM: 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 Page(s): 25, 28, 111-113.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. Guidelines do not support the use of gabapentin in a topical formulation. In addition, the strength of capsaicin in the product was not provided, guidelines do not support the use of capsaicin in strengths greater than 0.025% in a topical formulation. There is no rationale provided documenting the necessity of this product for this patient despite lack of guideline support. Therefore, the request for TGIce cream 180 GM was not medically necessary.

URINALYSIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. According to the ODG guidelines, if a urine drug test is negative for the prescribed scheduled drug, the prescriber should indicate if there is a valid reason for the observed negative test, or if the negative test suggests misuse or non-compliance. Additional monitoring is recommended including pill counts. The recommendations also include measures such as prescribing fewer pills and/or fewer refills. A discussion of clinic policy and parameters in the patient's opioid agreement is recommended. Weaning or termination of opioid prescription should be considered in the absence of a valid explanation. It is documented that urine drug screens from 3/24/13, 5/3/13, 6/9/13, 7/28/13, and 8/16/13 were inconsistent for tramadol. There is no documentation in the reports reviewed that the physician has addressed the issue of the inconsistent drug screen results, which are indicators of possible aberrant behavior. Therefore, the request for Urinalysis was not medically necessary.