

Case Number:	CM14-0110465		
Date Assigned:	08/01/2014	Date of Injury:	11/07/2012
Decision Date:	09/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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 and Rehabilitation, Pain Medicine and is licensed to practice in Ohio and Texas. 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 51-year-old female with a reported date of injury on 11/07/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include headache, cervical radiculopathy, cervical sprain/strain, thoracic sprain/strain, lumbar radiculopathy, lumbar sprain/strain, right carpal tunnel syndrome, and left carpal tunnel syndrome. Her previous treatments were noted to include chiropractic treatment and medications. The progress note dated 05/07/2014 revealed complaints of frequent mild to moderate low back pain with heaviness and numbness. The injured worker reported relief from medication and physical therapy. The physical examination of the lumbar spine revealed tenderness to palpation on the bilateral sacroiliac joints and lumbar paravertebral muscles. There were muscle spasms noted of the bilateral gluteus and lumbar paravertebral muscles, with positive Kemp's and sitting straight leg raise. The medications were noted to include tramadol 50 mg #60, Narcosoft #60, cyclobenzaprine 10 mg #60, omeprazole 20 mg #60, Cartivisc 500/200/150 mg #90, and compound topical creams with gabapentin and flurbiprofen. The progress report indicated the previous urine drug screen performed 03/2014 was consistent with prescribed medication. The Request for Authorization form dated 05/07/2014 was for a urine toxicology screen to follow medication adherence; flurbiprofen 20%/tramadol 20%, in a Mediderm base, and gabapentin 10%/dextromethorphan 10%/amitriptyline 10% in Mediderm base for topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

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

Decision rationale: The request for 1 urine drug screen is not medically necessary. The injured worker had a urine drug screen performed 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, stating that using a urine drug screen to assess for the use or presence of illegal drugs is recommended. The guidelines state for patients at high risk of abuse, it is recommended to perform frequent random urine toxicology screens. There is a lack of documentation regarding the injured worker being at high risk for abuse, and the previous urine drug screen was consistent with therapy. Therefore, the request is not medically necessary.

Flurbiprofen 20%/Tramadol 20% 30grams#1: Upheld

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

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

Decision rationale: The request for flurbiprofen 20%/tramadol 20%, 30 grams #1, is not medically necessary. The injured worker complains of neck, upper extremity, and low back pain. The guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state the efficacy in clinical trials for topical NSAIDs has been inconsistent. Most studies are of small and short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time, and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The guidelines' indications for topical NSAIDs is osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain, as there is no evidence to support use. There is a lack of documentation regarding osteoarthritis as the diagnosis to warrant

topical NSAIDs. The guidelines recommend tramadol as an oral preparation. Therefore, the guidelines state if there is 1 drug that is not recommended as topical preparation, then it is not recommended, and flurbiprofen is not recommended as a topical agent. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Gabapentin 10%/ Dextromethorphan 10%/ Amitirptyline 10% 30 grams #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

Decision rationale: The request for gabapentin 10%/dextromethorphan 10%/amitriptyline 10%, 30 grams #1, is not medically necessary. The injured worker complains of neck, upper extremity, and low back pain. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend gabapentin for a topical analgesic, as there is no peer-reviewed literature to support use. The guidelines recommend dextromethorphan and amitriptyline as oral preparations. The guidelines state if any compounded agent that contains at least 1 drug that is not recommended is not recommended, and gabapentin is not recommended. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.