

Case Number:	CM14-0120891		
Date Assigned:	08/06/2014	Date of Injury:	07/29/2013
Decision Date:	09/11/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/31/2014

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 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:

According to the records made available for review, this is a 47-year-old female with a 7/29/13 date of injury. At the time (5/20/14) of request for authorization for Urine Toxicology; Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4%; and Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% there is documentation of subjective (radiating right shoulder and right elbow pain with numbness in the right wrist) and objective (decreased range of motion in right shoulder and tenderness in the lateral aspect of the right elbow) findings. The current diagnoses are right shoulder impingement syndrome, right elbow lateral epicondylitis, and right wrist carpal tunnel syndrome. The treatment to date includes medications. Regarding Urine Toxicology, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, right elbow lateral epicondylitis, and right wrist carpal tunnel syndrome. However, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for Urine Toxicology is not medically necessary.

Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4%: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, right elbow lateral epicondylitis, and right wrist carpal tunnel syndrome. However, Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4% contains at least one drug (Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4% is not medically necessary.

Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10%: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, right elbow lateral epicondylitis, and right wrist carpal tunnel syndrome. However, Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% contains at least one drug (gabapentin) that is not

recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10% is not medically necessary.