

Case Number:	CM14-0136443		
Date Assigned:	09/03/2014	Date of Injury:	06/11/2011
Decision Date:	10/02/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/22/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 56 year old female with a work injury dated 6/11/11. The diagnoses include strain/sprain and cervical and lumbar disc disease with tendinosis elbow. Under consideration is a request for urine Drug Screen; Motrin 600mg b.i.d quantity not specified; TG Hot 180 grams; Fluriflex 180 grams. There is a 1/2/13 progress note that states that the patient complains of "moderate radiating pain in the neck, mid/upper back, bilateral shoulders, and left elbow; and moderate to severeradiating pain in the lower back." She complains of slight pain in the left wrist. Patient reports some improvement in all areas since she was last seen with the exception of the lower back, she has no improvement. There is tenderness to palpation over the cervical, thoracic, lumbar paraspinal muscles. There is tenderness over the elbow and wrist on the left. There is shoulder tenderness to palpation. Patient is pending right shoulder arthroscopic decompression. The plan included a urine toxicology test was administered for medication monitoring. She is prescribed Vicodin 5/300 mg with informed consent to be utilized as directed. A 4/23/13 document indicates that the patient is status post right shoulder arthroscopic decompression surgery. A 1/17/13 urine drug screen indicates a consistent result with patient's prescribed Vicodin. A 2/21/13 and 4/24/13 urine drug screen does not reveal that the patient was prescribed medication and therefore the results were inconsistent for opioids detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines compounded topical analgesics Page(s): page 111.

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

Decision rationale: Fluriflex cream 180 grams is not medically necessary per the MTUS guidelines. The ointment Fluriflex contains Flurbiprofen 15% and Cyclobenzaprine 10%. The MTUS guidelines state that there is "little evidence to support the use of topical NSAIDS (Flurbiprofen is an NSAID) for the treatment of osteoarthritis of the spine, hip, or shoulder and there is no evidence to support the use of Cyclobenzaprine (a muscle relaxant)." The guidelines state that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Furthermore the guidelines state that any "compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Furthermore, the documentation does not indicate that patient is intolerant to oral medications. The request for Fluriflex cream 180grams is not medically necessary.

TG Hot 180 grams: Upheld

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

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

Decision rationale: TG Hot 180 grams are not medically necessary. TG Hot contains Tramadol, Gabapentin, Menthol, Camphor and Capsaicin. Per the guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS does not support topical tramadol or gabapentin. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the documentation does not indicate that patient is intolerant to oral medications. The request for TG Hot 180 grams is not medically necessary.

Motrin 600mg b.i.d., amount not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Page(s): page 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 68-69.

Decision rationale: Motrin 600mg b.i.d., amount not specified is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The request does not indicate a time limited duration. The MTUS guidelines recommend NSAIDS only as a short term option at the lowest dose for chronic low back pain, acute exacerbations of low back pain and for osteoarthritis. Without a clear amount requested and length of time of NSAID use in the past, the request for Motrin 600mg bid is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain guidelines; urine drug screen

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, Steps to Avoid Misuse/Addiction Page(s): 43; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(chronic): Urine drug testing (UDT)

Decision rationale: Urine drug screen is not medically necessary per the MTUS and ODG guidelines. The MTUS guidelines state that frequent random urine toxicology screens can be "used as a step steps to avoid misuse of opioids, and in particular, for those at high risk of abuse". The MTUS states that urine drug screen is "recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The ODG states patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The documentation reveals on the last 2 urine toxicology screens that there were no prescribed medications. The documentation does not indicate aberrant behavior. The documentation is not clear on why an additional urine drug screen is required therefore the request for urine drug screen is not medically necessary.