

Case Number:	CM14-0154523		
Date Assigned:	09/24/2014	Date of Injury:	03/05/2013
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 58 year-old patient sustained an injury on 3/5/13 while employed by [REDACTED]. Request(s) under consideration include Topical Compound Aps/ Flurbi/ Trama/ Menth/ Camp 0.025/ 20/ 15/ 2/ 2%, 180gm, Topical Compound Gaba /Lido/ Trama10/ 5/ 15% 180 gm, and Toxicology Testing 1x every 6 weeks. Diagnoses include wrist sprain; lumbar sprain; left knee pain/ internal derangement/ tenosynovitis/ sprain/strain; and left hip sprain/strain. Conservative care has included medications, therapy, LINT, shockwave, PRP, acupuncture, and modified activities/rest. Medications list Prilosec, Ibuprofen, Theramine, Sentra AM/PM, Apptrim, Gabadone, and topicals. Report of 7/7/14 from the provider noted ongoing chronic pain in low back rated at 4/10 with stiffness; left wrist pain at 3/10 improved with acupuncture; left hip pain at 3/10 and left knee pain at 2/10. Exam showed intact heel/toe walking; limited lumbar range; TTP at left gluteus and paravertebral muscles with spasm; positive Kemp's; positive carpal compression; TTP at dorsal and volar wrist with limited range; tenderness at hip with positive Fabere; left knee flex/ext of 140/0 degrees with McMurray's causing pain. Treatment noted DNA testing was done. The request(s) for Topical Compound Aps/ Flurbi/ Trama/ Menth/ Camp 0.025/ 20/ 15/ 2/ 2%, 180gm, Topical Compound Gaba /Lido/ Trama10/ 5/ 15% 180 gm, and Toxicology Testing 1x every 6 weeks were non-certified on 8/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aps/Flurbi/Trama/Menth/Camp 0.025/20/15/2/2%, 180gm: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of topical opioid of Tramadol over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of March 2013. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The Topical Compound Aps/ Flurbi/ Trama/ Menth/ Camp 0.025/ 20/ 15/ 2/ 2%, 180gm is not medically necessary and appropriate.

Gaba/Lido/Trama10/5/15% 180 GM: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of March 2013 without documented functional improvement from treatment already rendered. The Topical Compound Gaba /Lido/ Trama10/ 5/ 15% 180 gm are not medically necessary and appropriate.

Toxicology Testing 1x every 6 weeks: Upheld

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

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

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic March 2013 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Toxicology Testing 1 times every 6 weeks is not medically necessary and appropriate.