

Case Number:	CM14-0171590		
Date Assigned:	10/23/2014	Date of Injury:	01/29/2007
Decision Date:	11/25/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/17/2014

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 Pain 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 male injured worker with the date of injury of January 29, 2007. A utilization review determination dated October 1, 2014 recommends non-certification of Flurbiprofen/Tramadol 20% and of a urine toxicology screen. A progress note dated October 1, 2014 identifies subjective complaints of worsening irritable bowel syndrome, uncontrolled gastroesophageal reflux disease and no change in vomiting with blood streak 1-2 times per month. The injured worker reports worsened chest pain and shortness of breath. Physical examination identifies lungs are clear to auscultation, heart has regular rate and rhythm, and there is focal pain in the left lower quadrant of the abdomen. The diagnoses include gastroesophageal disease/gastritis, hematemesis, irritable bowel syndrome with constipation more frequent than diarrhea, hemorrhoids, hypertension, hyperlipidemia, sleep disorder rule out obstructive sleep apnea. The treatment plan recommends a urine drug screen toxicology screen, Accu check glucose test, EKG, chest x-rays, 2D echo with Doppler, cardiorespiratory testing, lisinopril 20 mg #60, Dexilant 60mg #30, Probiotics #60, Amitiza 24mcg #60, Proctofoam HC #3, Lipitor 20 mg #30, Flurbiprofen 20%/Tramadol 20%, Ranitidine 150mg #30, and cardiology consultation is pending. A urine toxicology screening report performed on May 5, 2014 was positive for hydrocodone. A urine toxicology screening report performed on March 3, 2014 was positive for nortriptyline and positive for hydrocodone. A urine toxicology screening report performed on February 3, 2014 was positive for paroxetine and positive for codeine. A progress note dated August 15, 2014 identifies subjective complaints of lower back pain, neck pain, and right shoulder pain. The injured worker states that the pain is interfering with his daily function. Current pain medication regimen is helping with his pain and function. Physical examination identifies full strength in bilateral lower and upper extremities and sensation is intact to light touch and proprioception. Diagnoses include cervical disc degeneration, cervical spondylosis

without myelopathy, lumbosacral spondylosis without myelopathy, and lumbosacral disc degeneration. The treatment plan recommends topical cream with Flurbiprofen 20%/Gabapentin 10%/Cyclobenzaprine 10%, Terocin patches, trial of MSIR, spinal cord stimulator explantation. The injured worker is noted to be in low risk stratification for diversion and/or abuse. The treatment plan also recommends the following prescriptions Gabapentin 600 mg #90, and Norco 10-325 mg #60, Diclofenac 35 mg #60, and Flexeril 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Tramadol 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Regarding the request for topical Flurbiprofen/Tramadol 20%, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Tramadol is not supported in topical form. Within the documentation available for review, there's no indication that the injured worker has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical Flurbiprofen. Additionally, there is no documentation that the injured worker would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical Flurbiprofen/Tramadol 20% is not medically necessary.

Urine Tox Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears that the provider has recently

performed a toxicology test. The provider notes that the injured worker is taking pain medication, and the provider notes that the injured worker is low risk for opioid abuse. As such, the currently requested urine toxicology test is not medically necessary.