

Case Number:	CM14-0023189		
Date Assigned:	05/14/2014	Date of Injury:	11/11/2011
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 11, 2011. Thus far, the applicant has been treated with the following: Analgesic medications, topical compounds; transfer of care to and from various providers in various specialties; muscle relaxants; opioid therapy; unspecified amounts of physical therapy and manipulative therapy over the life of the claim; earlier left shoulder surgery; and extensive periods of time off of work. In a Utilization Review Report dated February 5, 2014, the claims administrator denied a request for several topical compounded drugs along with a urine drug screen. The applicant's attorney subsequently appealed. On April 10, 2014, the applicant was described as using a variety of oral and topical agents, including Condrolite (glucosamine), Norco, Flexeril, Prilosec, flurbiprofen-containing topical compound, and a gabapentin containing topical compound. The applicant was given diagnosis of neck and shoulder pain. The applicant's work status was not stated on this occasion. On April 18, 2014, however, the applicant was placed off of work, on total temporary disability, owing to issues with neck and shoulder pain. Manipulative therapy, acupuncture, topical compounds, and several consultations were sought. In another progress note dated November 18, 2013, the applicant was described as having severe cervical spasm. A variety of medications were refilled. A home TENS unit and urine drug testing were endorsed. A number of topical compounds were also prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAPSAICIN 0.025%, FLURBIPROFEN 20%, TRAMADOL 10%, MENTHOL 2%, CAMPHOR 2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing issues with multiple oral pharmaceuticals, including Flexeril, Norco, etc., effectively obviates the need for the capsaicin-containing topical compound, as page 28 of the MTUS Chronic Pain Medical Treatment Guidelines states that capsaicin should be employed as a last-line agent, only in applicants who have not responded to and/or are intolerant of other treatments. In this case, again, the applicant's ongoing usage of oral pharmaceuticals argues against the need for the topical compounded capsaicin-containing medication. Therefore, the request is not medically necessary.

FLURIBIPROFEN 20%, CYCLOBENZAPRINE 0.02%: 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 topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries and unfavorable recommendation, the entire compound is deemed not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

URINE TOXICOLOGY SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not

establish specific parameters for urine drug testing and/or establish a frequency with which to perform the same. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly identify those drug tests and/or drug panels he intends to test for along with and attach an applicant's complete medication list to the request for authorization for testing. The attending provider should also state when the last time the applicant was tested. In this case, however, the attending provider's documentation was very sparse and did not establish any of these issues. It was not stated when the last time the applicant was tested. It was not clearly stated which medications and/or panels the attending provider was testing for. The applicant's complete medication list was not attached to the request for authorization. Therefore, the request was not medically necessary.