

<b>Case Number:</b>	CM14-0046581		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/18/1996
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Orthopedic Surgery 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 injured worker is a 67 year-old male who was reportedly injured on December 18, 1996. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 17, 2014, indicates that injured employee was permanent and stationary. A previous assessment was completed on March 14, 2014 indicating that there are ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion, Gaeslin's testing was positive bilaterally, and muscle spasm in the lower lumbar spine. Straight leg raising was negative bilaterally. Diagnostic imaging studies objectified were not reported. Previous treatment includes cervical spine surgery, lumbar spine surgery, physical therapy, multiple medications and sacroiliac joint block. A request had been made for urine drug screening and topical preparations and was not certified in the pre-authorization process on April 2, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective Urine and Drug Screen:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 -33.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

**Decision rationale:** It is noted that this 68-year-old male is taking multiple narcotic medications. Furthermore, there is no clinical indication presented to suggest that there is any evidence of drug diversion, illicit drug use, inappropriate drug use or abuse. Therefore, based on the clinical information presented for review the medical necessity of this drug screening has not been established.

**Flur/Cyclo 180gm (retrospective request):** Upheld

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

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

**Decision rationale:** As outlined in the progress notes, the only efficacious intervention was the sacroiliac joint block. There is no clinical data presented to suggest that there was any efficacy or utility with the use of this topical preparation. Furthermore, as noted in the California Medical Treatment Utilization Schedule this topical analgesics are largely experimental and that any compound that contains one drug that is not recommended, the overall preparation is not. The pathology is related to the sacroiliac joint, and there is no clinical indication for a muscle relaxant. Furthermore, it is noted that oral muscle relaxants (Flexeril) being prescribed. As such, the medical necessity has not been established.

**Tram/Gaba/Meth/Camp 180gm (retrospective request):** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating the injured worker was intolerant of other treatments. The request for this particular topical compound is not in accordance with the California Medical Treatment Utilization Schedule guidelines. Accordingly, the medical necessity has not been established.