

Case Number:	CM14-0051621		
Date Assigned:	07/07/2014	Date of Injury:	11/06/2009
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/18/2014

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:

The injured worker is a 67-year-old male who reported an injury on 11/06/2009. The mechanism of injury was noted to be cumulative trauma. The documentation indicated the injured worker had been utilizing the medications since at least 03/2013. The documentation of 04/01/2014 revealed the injured worker had controlled hypertension and had no change in blurred vision. The injured worker had right knee pain. The physical examination revealed the injured worker's blood pressure was 140/77 with a heart rate of 59 beats per minute. The injured worker had regular rate and rhythm at S1 and S2. There were no gallops or rubs appreciated. There were systolic murmurs at the apex. The diagnoses included abdominal pain, hypertension, and hyperlipidemia. The diagnostic studies included an x-ray and an MRI. The medications included Amlodipine 45 mg and Hypertensa #60. Additionally, the treatment plan included a refill of the above medications and the topical cream to be applied 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical cream 210gm Flurbiprofen 20%/Tramadol 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Tramadol Page(s): 72,111,82. Decision based on Non-MTUS

Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov and the National Library of Medicine - National Institute of Health (NLM-NIH) database.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline and FDA regulations. The clinical documentation indicated the injured worker had utilized the medication since at least 1 month. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for topical cream 210 grams, Flurbiprofen 20% and Tramadol 20% is not medically necessary.

Hypertensa: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) updated 4/10/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food.

Decision rationale: The Official Disability Guidelines indicate that medical foods are recommended and to be considered the product must at a minimum must have documentation the product or food is for oral or tube feeding and the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements and the product must be used under medical supervision. The clinical documentation submitted for review failed to indicate the objective benefit for the requested medical food. There was a lack of documentation indicating the injured worker had distinctive nutritional requirements to support the necessity for the medical food. The request as submitted failed to indicate the frequency and quantity, as well as the strength of the requested medical food. Given the above, the request for Hypertensa is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Medical Treatment Guidelines Criteria for Use of Opioids Page(s): 77, 78 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens for injured workers who have documentation of addiction of use or poor pain control. The clinical documentation submitted for review indicated the injured worker was on medications for which there would not be a necessity for a urine drug screen. There was a lack of documentation indicating the injured worker had issues of abuse, addiction, or poor pain control. The request as submitted failed to indicate the requested date of service. Given the above, the request for urine toxicology screen is not medically necessary.