MAXIMUS Federal Services

Case Number:	CM14-0058740		
Date Assigned:	07/09/2014	Date of Injury:	02/20/2009
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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 Family 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 70 year old female who reported an industrial injury on 2/20/2009, over five (5) years ago, to the back, shoulder, neck, knee and elbow attributed to the performance of customary job tasks. The patient complains of neck pain radiating to the bilateral upper extremities; low back pain with radiation the bilateral lower extremities along with weakness; bilateral shoulder pain; and bilateral knee pain. The patient is currently prescribed Norco, Duke Locke's, and topical compounded creams. The patient uses a cane for ambulation. The objective findings on examination were limited to tenderness to palpation without spasms and limited range of motion to the neck, back, shoulders, and knees. The treatment plan included Norco 10/325 mg #120; Senokot-S b.i.d. PRN #120; floor by Perrot fund 20% gel 120 g; Ketoprofen 20%/Ketamine 10% Gel 120 g; And Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% 120 g. The patient was prescribed a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% gel 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Topical Analgesics, Non-Steriodal anti-inflammatory Agents.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines anti-inflammatory medications pages 22, 67-68; muscle relaxants page 63; topical analgesics pages 111-113 Page(s): 22,67-68; 63; 111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) pain chapter 2008 pages 128;Official Disability Guidelines (ODG) pain chapter-cyclobenzaprine; capsaicin; muscle relaxants; topical analgesics; topical analgesics compounded.

Decision rationale: The prescription for the topical analgesic gel Flurbiprofen 20% 120 g is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the Official Disability Guidelines (ODG), then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however there are no functional assessment and no quantitative decrease in pain documented. The use of topical Non-steroidal anti-inflammatory drug (NSAIDS) is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDS. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical NSAID Flurbiprofen 20% gel 120 g is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain to multiple body sites. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Flurbiprofen 20% gel 120 g is not supported by the applicable evidence based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for Flurbiprofen 20% gel 120 g is not medically necessary for the treatment of the patient's chronic pain complaints. The prescription of Flurbiprofen 20% gel 120 g is not recommended by the California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that; "There is little evidence

to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic pain.

Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Topical Analgesics, Non-Steriodal anti-inflammatory Agents.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines anti-inflammatory medications pages 22, 67-68; topical analgesics pages 111-113 Page(s): 22,67-68; 111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) ;pain chapter 2008 pages 128Official Disability Guidelines (ODG) pain chapter-topical analgesic; compounded topical analgesics.

Decision rationale: The prescription for the topical analgesic Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the Official Disability Guidelines (ODG), then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with any assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however there are no functional assessment and no quantitative decrease in pain documented. The use of topical Non-steroidal anti-inflammatory drug (NSAIDS) is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDS. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical NSAID Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain to multiple body sites. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm not supported by the applicable

evidence based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm is not medically necessary for the treatment of the patient's chronic pain complaints. The prescription of Ketoprofen 20% 120 gm / Ketamine 10% gel 120 gm is not recommended by the California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that; "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic pain.

Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 anti-inflammatory medications pages 22, 67-68, muscle relaxants page 63; topical analgesics pages 111-113 Page(s): 22,67-68; 63; 111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) pain chapter 2008 pages 128Official Disability Guidelines (ODG) pain chapter cyclobenzaprine; muscle relaxants; topical analgesics; topical analgesics compounded.

Decision rationale: The prescription for the topical analgesic Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the Official Disability Guidelines (ODG), then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however there are no functional assessment and no quantitative decrease in pain documented. The use of topical compounded analgesics is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral Non-steroidal anti-inflammatory drug (NSAIDs). There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at

all with NSAIDS or the prescribed analgesics. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical compounded analgesics Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain to multiple body sites. The use of the topical gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm not supported by the applicable evidence based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm is not medically necessary for the treatment of the patient's chronic pain complaints. The prescription of Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.0375% 120 gm is not recommended by the California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM)guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that; "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic pain.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines opioids for chronic pain pages 80-82; opioids page 76-96; Page(s): 80-82; 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; drug testing; opioids screening for risk of addiction; year-end drug testing inpatient centered clinical situations.

Decision rationale: The patient has been ordered a urine toxicology screen without any objective evidence to support medical necessity. The performed test was based on policy and not medical necessity. The qualitative urine drug screen was performed/ordered as a baseline study based on office procedure for all patients without any objective evidence or rationale to support medical necessity. The screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidence based guidelines. The diagnoses for this patient do not support the use of opioids as they are not recommended for the cited diagnoses. There is no demonstrated medical necessity for a urine toxicology screen and it is not clear the provider ordered the urine toxicology screen based on the

documented evaluation and examination for chronic pain. There was no rationale to support the medical necessity of a provided urine toxicology screen based on the documented objective findings. There is no demonstrated medical necessity for the provision of a urine drug screen for this patient based on the provided clinical documentation and the medications prescribed. There were no documented indicators or predictors of possible drug misuse in the medical documentation for this patient. There is no clear rationale to support the medical necessity of opioids. There was no indication of diversion, misuse, multiple prescriber's, or use of illicit drugs. There is no provided clinical documentation to support the medical necessity of the requested urine toxicology screen.There is no objective medical evidence to support the medical necessity of a comprehensive qualitative urine toxicology screen for this patient. The prescribed medications were not demonstrated to require a urine drug screen and there was no explanation or rationale by the requesting physician to establish medical necessity. The provider has requested a drug screen due without a rationale to support medical necessity other than to help with medication management. There was no patient data to demonstrate medical necessity or any objective evidence of cause. There is no provided rationale by the ordering physician to support the medial necessity of the requested urine drug screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or analgesic misuse that would require evaluation with a urine toxicology or drug screen.