

Case Number:	CM14-0068189		
Date Assigned:	06/27/2014	Date of Injury:	01/01/1982
Decision Date:	07/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 claimant was injured on 01/01/82. She injured her neck and has cervical, thoracic, and lumbar disc disease and myofascial pain syndrome. The transdermal creams and urine drug screening are under review. She underwent an epidural steroid injection in 2007 for cervical radiculitis and intractable pain. She had a lumbar epidural injection in 2006. She was evaluated on 11/09/12 and Ibuprofen was medically necessary and topical medication was not medically necessary. These were appealed. A urine drug screen dated 02/08/13 was consistent with the presence of Fluoxetine which was prescribed. On 07/01/13, the drug screen was inconsistent due to the presence of Fluoxetine. On 02/28/14, she had missed work a couple of days before due to severe pain. She was only using topical medications and not taking any oral medications. She had acupuncture and chiropractic massage was causing pain. She only attended half the sessions and then stopped and was doing only acupuncture. Additional acupuncture was ordered. The transdermals again were prescribed. The urine drug screen dated 02/28/14 again was inconsistent due to the presence of Fluoxetine. On 03/28/14 she stated she was feeling somewhat better. She had some aggravation of her neck and low back pain but her pain level was intermittent and depended on her activity. She reported pain at the back of her neck. She had significant paracervical discomfort and inhibition of rotation bilaterally. There were no focal neurologic deficits. Additional acupuncture was recommended. She was waiting for an AME evaluation in cardiology. She was using transdermal creams which were refilled. She has periods when she has aggravation of her neck and low back pain but her pain level is intermittent and depended on her activity. Acupuncture was recommended. She was taking medications on an as-needed basis. On 05/01/14, the claimant was only using FluriFlex and TGHOT. She stated that transdermal cream supplanted the need for oral medication and she was doing quite well with her pain. She had decreased range of motion of the cervical spine. There were no neurologic deficits. She had

tenderness of the low back. A urine drug screen dated 05/01/14 was inconsistent due to the presence of Fluoxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFLex 15/10% 180gm transdermal cream: 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 Topical Analgesics, page 143 Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for FluriFlex 15/10% transdermal cream 180 mg. The CA MTUS states topical agents may be recommended as an option [but 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. (Namaka, 2004). There is no evidence of failure of all other first line drugs. The claimant reports benefit from transdermals but it appears that she was also taking an antidepressant (noted on several drug screens) during the same period of time. This is a possible confounder relative to any benefit from the transdermals and there is no evidence that the drug screen results have been discussed with her and explained. The medical necessity of this request has not been clearly demonstrated. As such, the request is not medically necessary.

TGHot 8/10/2/2/0.5% 180gm transdermal cream: 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, page 143 Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for TGHot 8/10/2/2/0.5% transdermal cream 180 mg. The CA MTUS states topical agents may be recommended as an option [but 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. (Namaka, 2004). Before prescribing any medication for pain, the following should occur, determine the aim of use of the medication; determine the potential benefits and adverse effects; determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded. (Mens 2005) There is no evidence of failure of all other first line

drugs. The claimant reports benefit from transdermals but it appears that she was also taking an antidepressant (noted on several drug screens) during the same period of time. This is a possible confounder relative to any benefit from the transdermals and there is no evidence that the drug screen results have been discussed with her and explained. The medical necessity of this request has not been clearly demonstrated. As such, the request is not medically necessary.

urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health /System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 77 Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for a urine drug screen. The MTUS states drug testing may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Also, before prescribing any medication for pain, the following should occur: determine the aim of use of the medication; determine the potential benefits and adverse effects; determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded (Mens 2005). There is no evidence that the drug screen is being done due to a suspicion of the presence of illegal drugs. In addition, multiple drug screens have been done but the results have not been addressed with the claimant and explained. If the results of the drug screen are not likely to be followed up and change the course of treatment, the medical necessity of this type of screening cannot be supported as medical necessary. As such, the request is not medically necessary.