

Case Number:	CM14-0073595		
Date Assigned:	09/05/2014	Date of Injury:	01/03/2012
Decision Date:	09/26/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/20/2014

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:

This patient is a 54 year old male employee with date of injury of 1/3/2012. A review of the medical records indicate that the patient is undergoing treatment for status post blunt head trauma, cervical sprain (rule out disc herniation), lumbar sprain (rule out disc herniation), status Post Left Shoulder Arthroscopy (rule out Recurrent Rotator Cuff Pathology), left shoulder adhesive capsulitis, left wrist strain. Subjective complaints include constant pain in neck pain, left shoulder, arm, hand and fingers, and upper, middle and lower back, increasing with movement: neck pain rates at 9/10, shoulder pain 10/10, back pain 9/10, left wrist 9/10 (3/7/2014). Objective findings include palpation of sub occipital region, cervical paravertebral muscles, and levator scapulee revealed tenderness and hypertonicity of the left side. Cervical compression test was positive. Shoulder depression test was positive on the left side (3/7/2014). Treatment has included physical therapy shortly after the injury and then 10 - 15 more sessions in September 2012 (treatments were unsuccessful). Medications have included Tylenol No. 3 (Codeine 30/Acetaminophen 300) #60 for pain, max 5/day, Norco (Hydrocodone/APAP 10/325mg) #60, max 5/day for pain, and Kera-Tek Gel 4oz 2-3/day. The utilization review dated 5/16/2014 the request for Compound Topical Cream: Flurbiprofen/Cyclobenzaprine and Urine Drug Screening was considered not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Cream: Flurbiprofen/Cyclobenzaprine: 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(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and Official Disability Guidelines (ODG) recommend usage as an option, but also further details "primarily recommended for neuropathic pain of Topical Analgesics when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen: MTUS states that the only FDA- approved NSAID medication for topical use includes Diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Cyclobenzaprine or Muscle Relaxants: MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical Cyclobenzaprine is not indicated for this usage, per MTUS. In this case, both component medications being requested are not recommended per MTUS and ODG. As such, the request for Compound Topical Cream: Flurbiprofen/Cyclobenzaprine 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 Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: - "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.- "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results.- "high risk" of adverse outcomes may require testing as often as once per month. Medical records do not indicate a concern for misuse, such as doctor shopping, drug escalation, or diversion. As such, the request for Urine Drug Screen is not medically necessary.

