

<b>Case Number:</b>	CM14-0075208		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/02/2006
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Pain Management 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 sustained work-related injuries on March 2, 2006. Per the most recent records dated July 30, 2014, the injured worker complained of lumbar pain radiating to the right leg with numbness and tingling sensation with the right side greater than the left. The pain in the right groin has subsided but he has continued pain and numbness in the right leg. He reported that he was in terrible pain and rated it as 8/10. He also reported that his quality of life is 0 and his activities of daily living are affected as well as his ability to walk or stand. He is status post lumbar fusion in January 2012 but continued to have lower back pain since the surgery. On examination of the lumbar spine, increased kyphosis was noted. His gait was antalgic and stiffened. Tenderness and spasms were noted over the bilateral thoracolumbar and bilateral lumbosacral region. The range of motion was limited. Exaggerated kyphosis with pain arising was noted with flexion. Swelling was noted in the left arthritic knee. The pain was noted with extension of the left knee. The urine drug screening test dated July 2, 2014 noted consistent results with prescribed medications. The lumbar magnetic resonance imaging scan dated July 22, 2013 noted mild central stenosis at L1-L2 secondary to extradural fat. The left foramen L5-S1 appears obscured and severely stenotic. New endplate edema at L5-S1 along both ends was moderate. This correlates with endplate scoliosis on recent computed tomography. There is possible discogenic endplate edema surrounding graft due to loosening. He is diagnosed with (a) thoracic or lumbosacral neuritis or radiculitis unspecified; (b) chronic pain due to trauma; (c) spasm of muscle; (d) postlaminectomy syndrome of lumbar region; (d) degeneration of lumbar or lumbosacral intervertebral disc; (e) lumbosacral spondylosis without myelopathy; (f) anxiety state unspecified; (g) history of lumbar microdiscectomy; (h) history of lumbar fusion; (i) nausea and vomiting; (j) scoliosis (and kyphoscoliosis) idiopathic; and (k) hypertensive disorder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Urine toxicology.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

**Decision rationale:** According to evidence-based Official Disability Guidelines (ODG), if a urine drug testing is positive for illicit a worker is placed under "high risk" category. It further states that worker's at "high risk" of adverse outcomes may require testing as often as once a month. In this case, a previous urine drug screening test dated March 12, 2014 results were inconsistent as nortriptyline was detected but it was not part of the prescription list. This information places the injured worker as a "high risk" worker. Therefore, the requested urine toxicology screening is considered medically necessary. The utilization review physician determined that the injured worker had several urine drug studies and there was no rationale provided for repeat testing so often in a worker that is considered to be "low risk" for abuse and diversion. There was no evidence of abuse or diversion. However, it is indicated that the injured worker was found to be positive with illicit drugs specifically nortriptyline discovered in a urine drug screening performed in March 12, 2014 and it is not part of his prescription list.

**30 gram cream one tube fo Flurbiprofen, Lidocaine, Menthol, Camphor.:** 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 (Chronic), Salicylate topicals

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are considered to be largely experimental in nature and there are few randomized controlled trials that can help determine its efficacy and safety. It is recommended as an option if there is evidence of a trial and failure of first-line treatments including antidepressants and anticonvulsants. Also, the guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, individual components are to be addressed individually. Lidocaine is only recommended in patch form and no other formulations have been commercially approved. Menthol is documented to cause serious burns as per the Food and Drug Administration warning. Camphor does not have any evidence-based studies to confirm its efficacy and safety. Based on this information, it can be concluded that some of the components of the compounded products is not recommended. Hence, as whole, the compounded medication is considered not recommended. Therefore, the

medical necessity of the requested 30 gram cream one tube of flurbiprofen, lidocaine, menthol, and camphor is not established.