

Case Number:	CM14-0095628		
Date Assigned:	07/25/2014	Date of Injury:	11/08/2012
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/23/2014

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 patient is a 56 year old male who was injured on 11/08/2012. Mechanism of injury is unknown. Prior treatment history has included the following medications: Motrin, Flexeril, Prilosec, Flexeril and Tylenol #3. He has had physical therapy, aquatic therapy and home exercise program. A progress note dated 04/04/2014 documents the patient with complaints of persistent neck pain rated 5/10 that radiates to the left arm, lower back pain rated 6/10 which radiates to the right leg and left shoulder pain rated 6/10 which is worsening. The pain is rated 8/10 without medications and 4-6/10 with medications. Treatment Plan: MRI of the right shoulder. A progress note dated 05/19/2014 documented the patient with persistent neck pain as well as lower back pain and left shoulder pain. The patient does take his Tylenol #3 that helps his pain from 6/10 to 2-3/10. He also takes Motrin that helps his pain 6/10 to 3/10 and Flexeril that helps his pain 6/10 to 3/10. Objective findings on examination of the cervical spine revealed a limited range of motion. There was tenderness noted over the trapezius and paravertebral muscles bilaterally, left greater than right. Spurling test was positive on the right. Sensation was normal and deep tendon reflexes were 2+. Examination of the lumbar spine revealed limited range of motion. There was tenderness noted over the paraspinal muscles bilaterally. The patient was status post surgery August 2013. Muscle strength was 4/5 in the L4, L5 and S1 nerve root bilaterally. Examination of the left shoulder revealed decreased range of motion flexion at 10 degrees, extension 30 degrees, abduction 100 degrees, adduction 30 degrees, internal rotation 45 degrees and external rotation 60 degrees. Neer's and Hawkins signs were positive. Strength was 4/5 with flexion and abduction. Diagnoses: Cervical strain, rule out disc herniation, mild degenerative change of the thoracic spine per MRI, L4-L5 disc herniation 4 mm, Spondylolisthesis at L5 and S1, left shoulder rotator cuff syndrome, left shoulder tendinitis and status post lumbar fusion L4 through S1. Treatment Plan: At this time a urine toxicology screen

is requested as part of a pain management agreement during opioid therapy. A utilization report dated 06/04/2014 by ████████ denied the request for Flurbiprofen/Cyclobenzaprine/Menthol (20%/10%/14%) 180g. The rationale for this determination was that the documentation did not indicate failed trials of first-line recommendations the guidelines do not support the use of topical analgesics as there is little or no evidence proving safety and efficacy. The request for a urinalysis was partially certified for 10 panel random urine drug screen for qualitative analysis with confirmatory laboratory testing only performed on inconsistent results X1. Considering that the claimant is taking controlled medication Tylenol with codeine (Tylenol #3) and without documentation of previous urine drug screen, abuse, diversion or hoarding related to the use of medications, the requested urinalysis is reasonable to evaluate compliance with the treatment regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Cyclobenzaprine/ Menthol (20%, 10%,14%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

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, Topical analgesics.

Decision rationale: I agree with Utilization report dated 06/04/2014 that denied the request for Flurbiprofen/ Cyclobenzaprine/ Menthol (20%/10%/14%) 180g. The guidelines do not support the use of topical analgesics as there is little or no evidence proving safety and efficacy. The guidelines also state that cyclobenzaprine is not recommended as a topical treatment. Therefore, the medical necessity is not established for the request for Flurbiprofen/ Cyclobenzaprine/ Menthol (20%/10%/14%) 180g.

Urinalysis: Overturned

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 Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Urine Drug Testing (UDT).

Decision rationale: I agree with the rationale in the previous Utilization report dated 06/04/2014 that considering that the claimant is taking controlled medication Tylenol with codeine, urinalysis is needed. However, I disagree with the partial certification for 10 panel random urine drug screen for qualitative analysis with confirmatory laboratory testing only performed on inconsistent results X 1. If there is any evidence of inconsistent urine drug screen, abuse,

diversion or hoarding related to the use of medications, more than 1 urinalysis may be needed. Therefore, my decision is that the urinalysis is medically necessary.