

Case Number:	CM14-0191803		
Date Assigned:	11/25/2014	Date of Injury:	08/10/2004
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 59 year old female with an injury date of 08/10/04. Based on the 06/04/14 progress report, the patient complains of pain in her lower back which radiates of bilateral L3 and L4 dermatomes. Her pain has decreased from a 9/10 to a 7/10. "There is grade 2 tenderness to palpation over the paraspinal muscles, which has remained the same since her last visit and 2 palpable spasm, which has decreased from 3 on the last visit." Her range of motion is restricted and she has a positive bilateral straight leg raise. The 08/22/14 report indicates that the patient rates her lower back pain as an 8-9/10. No new further positive exam findings were provided. The patient's diagnoses include the following: Status post lumbar spine surgery in 09/2005, Lumbar spine failed back syndrome, Lumbar spine pain, exacerbation, new onset of the right radiculitis. The utilization review determination being challenged is dated 10/28/14. There were two treatment reports provided from 06/04/14 and 08/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180gm PM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: According to the 08/22/14 report, the patient presents with lower back pain which she rates as an 8-9/10. The request is for Fluriflex 180gm pm. The patient has been using Fluriflex as early as 06/04/14. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Review of the two reports provided does not show documentation that patient presents with osteoarthritis. Also, NSAID cream is to be used for short duration of 2 weeks. Requested cream is not in line with MTUS indication. Furthermore, MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Fluriflex cream is a combination of Flurbiprofen 15% and cyclobenzaprine 10%. Cyclobenzaprine is not recommended in topical formulation. The requested Fluriflex is not medically necessary.

TG Hot 180gm AM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: According to the 08/22/14 report, the patient presents with lower back pain which she rates as an 8-9/10. The request is for TG HOT 180gm AM. The patient has been using TG Hot as early as 06/04/14. MTUS has the following regarding topical creams (p111, chronic pain section): "Recommended as an option as indicated below. 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). Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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.in- Gabapentin: Not recommended. There is no peer-reviewed literature to support use." TG Hot cream consists of Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin. Gabapentin is not recommended by MTUS guidelines. The requested TG Hot is not medically necessary.

Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 chapter for Urine Drug Testing

Decision rationale: According to the 08/22/14 report, the patient presents with lower back pain which she rates as an 8-9/10. The request is for a Urine Toxicology for medication monitoring. Regarding urine drug screens, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. Review of the reports provided indicates that the patient has had urine drug screens on 05/20/14, 06/04/14, 06/19/14, 08/22/14, and 10/17/14. The 08/22/14 report states that the patient is currently taking Norco, Fluriflex, and TG Hot. The treater has not documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. The treating physician does not discuss why an additional urine drug screen is needed. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested urine toxicology is not medically necessary.