

<b>Case Number:</b>	CM14-0194535		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/13/2009
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Physical Medicine and 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 61 year old female with an injury date of 03/13/09. Based on the 10/23/14 progress report provided by treating physician, the patient complains of right shoulder and upper back pain rated 4-7/10. Patient is status post right shoulder arthroscopic surgery with residual, 07/23/14. Physical examination to the right shoulder revealed well-healed surgical scars and abrasions; and tenderness to palpation to anterior, posterior and lateral aspect. Range of motion was decreased, especially on internal rotation 61 degrees. Positive Neer's, Codman's and Supraspinatus tests. Per progress report dated 10/23/14, FluriFlex (Flurbiprofen 15% Cyclobenzaprine 10%), topical medications were prescribed in order "to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." Urine toxicology testing is administered for medication monitoring. Patient is temporarily totally disabled. Diagnosis 07/23/14, per operative report, right shoulder impingement, right shoulder acromial spur, right shoulder rotator cuff tear. Diagnosis 10/07/14, 10/23/14, status post right shoulder arthroscopic surgery with residual. The utilization review determination being challenged is dated 11/17/14. Treatment reports were provided from 06/03/14 - 10/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex apply a thin layer to affected area twice daily #180gm: 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 creams Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with right shoulder and upper back pain rated 4-7/10. The request is for FLURIFLEX APPLY A THIN LAYER TO AFFECTED AREA TWICE DAILY #180GM. Patient is status post right shoulder arthroscopic surgery with residual 07/23/14. Patient's diagnosis on 07/23/14, per operative report was right shoulder impingement, right shoulder acromial spur and right shoulder rotator cuff tear. Physical examination to the right shoulder on 10/23/14 revealed well-healed surgical scars and abrasions; and tenderness to palpation to anterior, posterior and lateral aspect. Range of motion was decreased, especially on internal rotation 61 degrees. Positive Neer's, Codman's and Supraspinatus tests. Patient is temporarily totally disabled. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal antiinflammatory 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." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. " Per progress report dated 10/23/14, FluriFlex (Flurbiprofen 15% Cyclobenzaprine 10%), topical medications were prescribed in order "to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." However, review of reports do not show documentation that patient presents with osteoarthritis, for which NSAID portion of the lotion would be indicated according to MTUS guidelines. Furthermore, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine which is not supported for topical use by guidelines. Therefore the request IS NOT medically necessary.

**Urine toxicology:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Urine drug screen

**Decision rationale:** The patient presents with right shoulder and upper back pain rated 4-7/10. The request is for URINE TOXICOLOGY. Patient is status post right shoulder arthroscopic

surgery with residual 07/23/14. Patient's diagnosis on 07/23/14, per operative report was right shoulder impingement, right shoulder acromial spur and right shoulder rotator cuff tear. Physical examination to the right shoulder on 10/23/14 revealed well-healed surgical scars and abrasions; and tenderness to palpation to anterior, posterior and lateral aspect. Range of motion was decreased, especially on internal rotation 61 degrees. Positive Neer's, Codman's and Supraspinatus tests. Patient is temporarily totally disabled. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "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. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Per progress report dated 10/23/14, "urine toxicology testing is administered for medication monitoring." Treater has not discussed patients "risk factor," and patient is not on opioid therapy based on review of reports. ODG and MTUS do support periodic urine toxicology for opiate management. There is no documentation of prior UDS's. Based on surgical date of 07/23/14, patient may have been dispensed prescribed opiates that were not discussed. The request appears reasonable, therefore it IS medically necessary.