MAXIMUS Federal Services

Case Number:	CM14-0196814		
Date Assigned:	12/04/2014	Date of Injury:	08/14/2013
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal 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:

The injured worker (IW) is a 46-year-old woman with a date of injury of August 14, 2013. The mechanism of injury was not documented in the medical record. The current diagnoses are cervical herniated nucleus pulposus (HNP); lumbar spine HNP; and right shoulder impingement. Pursuant to the progress note dated October 16, 2014, the IW complains of cervical spine, lumbar spine, and bilateral shoulder pain rated 7/10. Objective physical findings revealed decreased cervical and lumbar spine range of motion with spasms along with positive bilateral shoulder impingement. There was hypoesthesia in the right upper extremity along the C6 and C7 dermatomes. Tenderness was present in the lumbar spine with spasm, decreased ROM, and positive Kemp's test. There were 2 urine drug screens (UDS) in the record dated August 25, 2014 and September 17, 2014, which did not detect any medications. The current request is for 1 prescription of Flurbiprofen/Capsaicin/Camphor 10/0/025%/2%/1% #120 grams, 1 prescription for Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% #120 grams, Tramadol 50mg #60, urine test for toxicology, Theramine #90, and Sentra #60. The first time Tramadol was mentioned in the record occurs in an August 25, 2014 progress note. The dosage and indications for use are not documented. It is unclear as to how long the IW has been taking Tramadol. There were no detailed pain assessments or objective functional improvement associated with Tramadol in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Camphor 10%/0.025%/2%/1%, 120 grams: Upheld

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

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 Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprophen/capsaicin/camphor 10%/0.25%/2%/1% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprophen is not FDA approved. Topical non-steroidal anti-inflammatory drugs (Diclofenac) are indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, four etc.). It is not recommended for treatment of the spine, hip or shoulder. In this case, the injured worker's 46 years old with a date of injury August 14, 2013. The injured worker's working diagnoses are cervical herniated disc; lumbar spine herniated disc and right shoulder impingement. Topical Flurbiprophen is not FDA approved. Topical non-steroidal anti-inflammatory drugs are not indicated for the spine, hip or shoulder. Additionally, three medications are noted on the prescription Flurbiprophen/capsaicin/camphor; however, it appears 4 percentages are noted on the prescription (10%/0.25%/2%/1%). A topical drug appears to be missing from the compound prescribed. Consequently, absent the appropriate clinical indication and a complete accounting of the topical drugs to be compounded, Flurbiprophen/capsaicin/camphor 10%/0.25%/2%/1% is not medically necessary.

Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% 120 grams: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% #120 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not FDA approved. Cyclobenzaprine is not recommended. No other commercially approved topical formulation of lidocaine, other than Lidoderm, whether creams, lotions or gel are indicated for neuropathic pain. Lidocaine cream is not indicated for neuropathic pain. In this case, the injured worker's 46 years old with a date of injury August 14, 2013. The injured workers working

diagnoses are cervical herniated disc; lumbar spine herniated disc and right shoulder impingement. Cyclobenzaprine is not recommended and lidocaine cream is not indicated for neuropathic pain. Any compounded product that contains at least one drug (topical cyclobenzaprine and lidocaine cream) that is not recommended is not recommended. Consequently, Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5% #120 g is not recommended.

Tramadol 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function, or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's 46 years old with a date of injury August 14, 2013. The injured worker's working diagnoses are cervical herniated disc; lumbar spine herniated disc and right shoulder impingement. Tramadol first appears in a progress note dated August 25, 2014. The exact start date, however, is not present in the documentation. A urine drug test was performed August 25, 2014 and September 17, 2014. There were no medications present in the urine drug toxicology screen. Additionally, the injured worker denies taking any opiates or medications. Consequently, Tramadol 50 mg #60 is not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Tramadol 50 mg #60 is not medically necessary.

One urinalysis test for toxicology: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing for Toxicology

Decision rationale: Pursuant to the Official Disability Guidelines, one urine drug screen for toxicology is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncovered diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are made to continue, adjust or discontinue treatment. See the Official Disability Guidelines for additional details. In this case, the injured worker is 46 years

old with a date of injury August 14, 2013. The injured worker's working diagnoses are cervical herniated disc; lumbar spine herniated disc and right shoulder impingement. A urine drug screen was performed on August 25, 2014 and September 17, 2014. The request does not designate a specific date for the urine drug screen in question. However, the injured worker denies taking any medications (opiates) at the time the urine drug screens were performed. The urine drug screens did not detect any medications. Consequently, absent the appropriate clinical indications pursuant to the guidelines, one urine drug screen for toxicology is not medically necessary.

Theramine #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Pain Section, Medical Foods

Decision rationale: Pursuant to the Official Disability Guidelines, Theramine #30 is not medically necessary. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits for improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker is 46 years old with a date of injury August 14, 2013. The injured worker's working diagnoses are cervical herniated disc; lumbar spine herniated disc and right shoulder impingement. Theramine is a medical food. Medical foods are not recommended for treatment of chronic pain. Consequently, Theramine #30 is not medically necessary.

Sentra #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Medical Foods

Decision rationale: Pursuant to the Official Disability Guidelines, Sentra #60 is not medically necessary. Medical foods are not recommended for treatment of chronic pain as they have not been shown to produce meaningful benefits for improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker is 46 years old with a date of injury August 14, 2013. The injured worker's working diagnoses are cervical herniated disc; lumbar spine herniated disc and right shoulder impingement. Sentra #60 is a medical food. Medical foods are not recommended for treatment of chronic pain. Consequently, Sentra #60 is not medically necessary.