

Case Number:	CM15-0004948		
Date Assigned:	01/16/2015	Date of Injury:	06/15/2010
Decision Date:	03/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 39 year old male, who sustained an industrial injury on June 15, 2010. The injured worker has reported neck and back injuries. The diagnoses have included cervical degenerative disc disease, thoracic disc herniation and a right rotator cuff injury status post-surgery. Treatment to date has included pain medication, thoracic epidural steroid injections, physical therapy, diagnostic testing and neurological testing. Current documentation dated December 22, 2014 notes that the injured worker reported back pain rated at a seven out of ten on the Visual Analogue Scale. He was experiencing back stiffness, numbness in the bilateral lower extremities, radicular pain in the left leg, neck pain, hip pain and shoulder pain. Physical examination of the thoracic spine revealed an obvious deformity, spasms and tenderness to palpation. Cervical spine examination showed tenderness to palpation, muscle spasms, pain with range of motion; a positive Sperlins's maneuver right, a positive maximal foraminal compression test on the right and pain with Valsalva. On December 9, 2014 Utilization Review non-certified a request for a Urine Drug Screening, Tramadol 5%, Flurbuprofen 20%, Baclofen 2%, Cyclobenzaprine 2% cream, # 240 with 4 refills and Duragesic patches 12 mcg/hr # 40. The MTUS, ACOEM Guidelines, were cited. On January 9, 2015, the injured worker submitted an application for IMR for review of a Urine Drug Screening, Tramadol 5%, Flurbuprofen 20%, Baclofen 2%, Cyclobenzaprine 2% cream, # 240 with 4 refills and Duragesic patches 12 mcg/hr # 40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 5%, Flurbuprofen 20%, Cyclobenzaprine 2%, Baclofen 2%, Apply 1-3 Grams To Affected Area Qid, #240, 4 Refills: 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 analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend topical muscle relaxants (Cyclobenzaprine) or anti-spasmodics (Baclofen). Since the compound in question contains the above, the use of Tramadol 5%, Flurbuprofen 20%, Cyclobenzaprine 2%, Baclofen 2%, Apply 1-3 Grams To Affected Area Qid, #240 with 4 refills is not medically necessary.

Duragesic Patch 12 Mcg/Hr, Apply 1 Patch Q3day, #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl and Duragesic Page(s): 47, 44.

Decision rationale: Duragesic is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Methadone and Norco other long and short acting opioids. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. Long term use can lead to addiction or tolerance. Continued use of Duragesic patches is not medically necessary.

UDS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and urine drug screen Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The claimant had a normal UDS the month prior. Based on the above references and clinical history a urine toxicology screen is not medically necessary.