

Case Number:	CM15-0103482		
Date Assigned:	06/08/2015	Date of Injury:	08/16/2013
Decision Date:	07/13/2015	UR Denial Date:	05/24/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 49-year-old who has filed a claim for chronic neck, wrist, and bilateral upper extremity pain reportedly associated with an industrial injury of August 16, 2013. In a Utilization Review report dated May 22, 2015, the claims administrator denied a request for urinalysis and two separate topical compounded medications. The claims administrator referenced a May 18, 2015 RFA form and associated progress note of March 31, 2015 in its determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated March 7, 2015, medical-legal evaluator acknowledged that the applicant was no longer working and had last worked on August 19, 2013. In a handwritten progress note dated March 31, 2015, the applicant reported multifocal complaints of hand, wrist, and elbow pain with associated upper extremity paresthesia. The applicant was placed off of work, on total temporary disability. 12 sessions of physical therapy, six sessions of acupuncture, urine drug testing, and several topical compounded agents were prescribed. Overall commentary was sparse. The applicant was again placed off of work, on total temporary disability, via an earlier note dated February 24, 2015, at which point the aforementioned topical compounds were again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for a urinalysis (AKA urine drug testing) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state when an applicant was last tested, clearly identify those drug tests and drug panels he intends to test for, and attempt to categorize applicants into higher or lower risk categories for whom more or less drug frequent drug testing would be indicated. Here, however, the attending provider's handwritten progress notes of February 24, 2015 and March 31, 2015 did not clearly identify when the applicant was last tested. The applicant's complete medication list was not attached to the request for authorization for testing. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation nor signaled his intention to eschew confirmatory and/or quantitative testing here. No mention of whether the applicant was a higher- or lower- risk individual for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Compound: Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications, Other muscle relaxants, Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Similarly, the request for a cyclobenzaprine containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the primary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not, furthermore, clearly outline in handwritten progress notes of March 31, 2015 and February 24, 2015 why what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical

compounds such as the agent in question were endorsed in favor of first-line oral pharmaceuticals. Therefore, the request is not medically necessary.

Compound: Gabapentin 15%, Amitriptyline 4%, Dexamethasone 10% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications, Other muscle relaxants, Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Finally, the request for a gabapentin containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.