

Case Number:	CM15-0019193		
Date Assigned:	02/09/2015	Date of Injury:	12/20/2011
Decision Date:	04/01/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	02/02/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 44-year-old male who reported an injury on 12/20/2011. The injured worker reportedly suffered a neck and low back injury while switching rail cars. The injured worker presented on 07/10/2014 for a followup evaluation with complaints of intermittent moderate neck and low back pain. The injured worker also reported insomnia secondary to pain. Upon examination, there was no evidence of bruising, swelling, atrophy, or lesion present at the cervical or lumbar spine. The current diagnoses include cervical sprain/strain, lumbosacral sprain/strain, and sleep disturbance. The injured worker was issued prescriptions for naproxen 550 mg, omeprazole 20 mg, orphenadrine 100 mg, Norco 10/325 mg, and 2 compounded creams. A urinalysis was also performed. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Gabapentin 10%/Amitriptyline 10%/ Bupicavaine 5% in cream base 210gm: Upheld

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

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025 in cream base 210 grams: Upheld

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

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. Capsaicin in the form of a 0.025% formulation is recommended for treatment of osteoarthritis. The injured worker does not meet criteria for the use of topical capsaicin. There is no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of noncompliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.