

Case Number:	CM15-0136210		
Date Assigned:	07/24/2015	Date of Injury:	10/25/2013
Decision Date:	08/21/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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

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 injured worker is a 57-year-old male who sustained an industrial /work injury on 10/25/13. He reported an initial complaint of low back and left hip pain. The injured worker was diagnosed as having lumbar disc protrusion, lumbar strain/sprain, anxiety, and depression. Treatment to date includes medication and diagnostic testing. Currently, the injured worker complained of constant moderate pain at 7/10 in the low back with weakness radiating to the left leg along with numbness and tingling. Per the primary physician's report (PR-2) on 6/1/15, exam noted lumbar decreased flexion and extension, tenderness with palpation of the lumbar paravertebral muscles and spinous processes with the Kemp's sign causing pain. Current plan of care included medications and urine analysis testing. The requested treatments include Capsaicin 0.025% Flubiprofen 15% Gabapentin 10% Menthol 2 % Camphor 2% 180gm, Gabapentin 15% Amitriptyline 4% Dextremethorphan 10% 180gm, and Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% Flubiprofen 15% Gabapentin 10% Menthol 2 % Camphor 2% 180gm:
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 Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines are very specific with the recommendations that only FDA/Guideline approved topical agents are supported and any compound utilizing a non-supported agent is not recommended. The Guidelines specifically state that topical Flubiprofen and Gabapentin are not recommended. There are no unusual circumstances to justify an exception to Guidelines. The compounded Capsaicin 0.025% Flubiprofen 15% Gabapentin 10% Menthol 2 % Camphor 2% 180gm is not supported by Guidelines and is not medically necessary.

Gabapentin 15% Amitriptyline 4% Dextremethorphan 10% 180gm: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines are very specific with the recommendations that only FDA/Guideline approved topical agents are supported and any compound utilizing a non-supported agent is not recommended. The Guidelines do not support topical Amitriptyline and specifically state that Gabapentin is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The compounded Gabapentin 15% Amitriptyline 4% Dextremethorphan 10% 180gm is not supported by Guidelines and is not medically necessary.

Urine Drug 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 Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/ Urine Drug Screening.

Decision rationale: MTUS Guidelines support periodic urine drug screening if long-term opioids are utilized. This individual is not utilizing opioids. ODG Guidelines provide additional details regarding appropriate drug screening frequency and the Guidelines recommend a frequency of no more than annual screening for low risk individuals. This individual has no reported risk factors and has had urine drug screening every few months without justification. The request for the urine drug screen is not supported by Guidelines and is not medically necessary.