

<b>Case Number:</b>	CM15-0137998		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	07/26/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, North Carolina  
 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 7/26/14. She reported pain in her lower back and hips related to falling backwards off a ladder. She did not lose consciousness. The injured worker was diagnosed as having headaches, cervical sprain, right wrist De Quervain's tenosynovitis, lumbar sprain, bilateral ankle sprain, and foot pain. Treatment to date has included an EMG on 3/12/15, several MRIs, acupuncture, a functional capacity evaluation and oral and topical medications. As of the PR2 dated 3/19/15, the injured worker reports pain in her neck, right wrist, back, bilateral ankles and feet and abdomen. She rates her pain in her neck, right wrist, back and bilateral feet and ankles a 7/10 and her abdominal pain a 5-6/10. Objective findings include decreased cervical range of motion, a positive Tine's sign in the right wrist and decreased thoracic and lumbar range of motion. The treating physician requested Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%), 180gm, a TENs unit trial x 30 days and a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%), 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The request is for Flurbiprofen/Cyclobenzaprine/Menthol cream. Guidelines states that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Flurbiprofen and Cyclobenzaprine are not recommended for topical use. There is also no evidence that the patient has failed first-line analgesics (antidepressants, anticonvulsants). Therefore the request is not medically necessary or appropriate.

**TENS unit 30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrotherapy) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**Decision rationale:** CA MTUS states that TENS is not recommended as a primary treatment modality, but a one month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to an evidence-base program of functional restoration. In this case, there is no evidence that the patient is participating in a program of functional restoration. Therefore the request for a TENS unit trial is not medically necessary or appropriate.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** CA MTUS states that drug testing is an option to assess for the use or presence of illegal drugs. In this case the patient is taking Tramadol, a synthetic opioid, for chronic pain. MTUS Guidelines do not specifically address how frequent the urine drug screen (UDS) should be obtained from various risks of opioid users, ODG provides clearer guidelines. It recommends once yearly drug screening following initial drug screening with the first 6 months for management of chronic opioid use. In this case, there is no evidence of when the last UDS was performed. The patient appears to be at low risk for abuse/misuse, so no more than annual screening would be indicated. Without the submission of previous drug screens and the results, the request is deemed not medically necessary.