

Case Number:	CM15-0140225		
Date Assigned:	07/30/2015	Date of Injury:	08/30/2013
Decision Date:	09/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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:

The injured worker is a 45 year old male who sustained an industrial/work injury on 8-30-13. He reported an initial complaint of neck, low back, bilateral hand and left leg pain. The injured worker was diagnosed as having lumbar herniated disc syndrome with myelopathy and lumbar radiculitis to left lower extremity. Treatment to date includes medication, surgery (L4-5 decompressive laminectomy, status post L4 laminectomy), facet block injection, epidural steroid injection, and diagnostics. MRI results were reported on 3-26-14. Currently, the injured worker complained of low back pain with radiation to left lower extremity and rated 3-4 out of 10. Per the primary physician's report (PR-2) on 6-5-15, exam notes an abnormal gait and heel-toe walk, limited range of motion, positive straight leg raise and femoral stretch test bilaterally. The requested treatments include Flurbiprofen 20%, Cyclobenzaprine 5%, 180 gm, Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2%, Menthol 2%, 180 gm, and Urine Toxicology Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Cyclobenzaprine 5%, 180 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non steroidal anti-inflammatory agents (NSAIDs).

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. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated there are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The Flurbiprofen 20%, Cyclobenzaprine 5% was combined with Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2%, Menthol 2%. There is no evidence to support the use of multiple topical analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.

Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2%, Menthol 2%, 180 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non steroidal anti-inflammatory agents (NSAIDs).

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. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2%, Menthol 2% was combined with Flurbiprofen 20%, Cyclobenzaprine 5%. The claimant was also on oral analgesics and muscle relaxants (Cyclobenzaprine). There is no evidence to support the use of multiple topical analgesics. Since the compound above contains these topical medications, the compound in question is not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology 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. Based on the above references and clinical history a urine toxicology screen is not medically necessary.