

Case Number:	CM15-0142952		
Date Assigned:	08/03/2015	Date of Injury:	04/07/2014
Decision Date:	09/15/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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: 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 29-year-old male, who sustained an industrial injury on 4-7-2014. He reported getting hit in the head and left hand by a falling pipe landing on the knees with loss of consciousness. Diagnoses include headache, cervical muscle spasm, cervical sprain strain, lumbar muscle spasm, radiculopathy, lumbar sprain strain, left hand tenosynovitis, and bilateral knee chondromalacia. Treatments to date include physical therapy and cortisone joint injections. Currently, he complained of headaches associated with dizziness and loss of equilibrium, and pain in the neck, low back, left hand and bilateral knees. On 6-17-15, the physical examination documented tenderness in the cervical and lumbar areas. There was a positive Spurling's test and a positive straight leg raise test on the left. There was tenderness to the palmar aspect of the left hand and bilateral knees. The plan of care included prescription for topical compounds including HMPHCC2 (flurbiprofen 20%; Baclofen 5%; Camphor 2%; Menthol 2%; Dexamethasone Micro 0.2%; Capsaicin 0.025%; Hyaluronic Acid 0.2% in a cream base); HNPC1 (Amitriptyline HCL 10%; Gabapentin 10%; Bupivacaine HCL 5%; Hyaluronic Acid 0.2% in cream base); Tramadol ER 150mg #8; and an outpatient toxicology test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective toxicology testing (DOS 6/17/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient was being prescribed controlled substance medication at the time of the UDS request. Additionally, there is no identification of a recent urine drug screen. As such, the currently requested urine toxicology test is medically necessary.

Retrospective HMPHCC2 Flurbiprofen 20%; Baclofen 5%; Camphor 2%; Menthol 2%; Dexamethasone Mirco 0.2%; Capsaicin 0.25%; Hyaluronic Acid 0.2% in cream base (DOS 6/17/15): 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 111-113 of 127.

Decision rationale: Regarding the request for Retrospective HMPHCC2 Flurbiprofen 20%; Baclofen 5%; Camphor 2%; Menthol 2%; Dexamethasone Mirco 0.2%; Capsaicin 0.25%; Hyaluronic Acid 0.2% in cream base, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs and hyaluronic acid are not supported by the CA MTUS for topical use. As such, the currently requested Retrospective HMPHCC2 Flurbiprofen 20%; Baclofen 5%; Camphor 2%; Menthol 2%; Dexamethasone Mirco 0.2%; Capsaicin 0.25%; Hyaluronic Acid 0.2% in cream base is not medically necessary.

Retrospective HNPC1 Amitriptyline HCL 10%; Gabapentin 10%; Bupivacaine HCL 5%; Hyaluronic Acid 0.2% in cream base (DOS 6/17/15): 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 of 127.

Decision rationale: Regarding the request for Retrospective HNPC1 Amitriptyline HCL 10%; Gabapentin 10%; Bupivacaine HCL 5%; Hyaluronic Acid 0.2% in cream base, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not

recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants and hyaluronic acid. As such, the currently requested Retrospective HNPC1 Amitriptyline HCL 10%; Gabapentin 10%; Bupivacaine HCL 5%; Hyaluronic Acid 0.2% in cream base is not medically necessary.

Retrospective Tramadol ER 150mg qty: number thirty (#30) (DOS 6/17/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultram ER (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram ER (tramadol) is not medically necessary.