

Case Number:	CM15-0145415		
Date Assigned:	08/06/2015	Date of Injury:	02/17/2015
Decision Date:	09/03/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/27/2015

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:

This is a 27 year old male who was injured at work with a February 17, 2015 date of injury. Diagnoses included sprain and strain of the hand; extensor and flexor tendons of the hand and wrist. Treatments to date have included medications, imaging studies, and diagnostic testing. A progress note dated June 11, 2015 documents subjective complaints of constant moderate to (7/10) left hand pain, stiffness, weakness, and cramping made worse with repetitive activities. Objective findings included decreased and painful range of motion of the left hand with no bruising swelling or atrophy. The treating physician documented a plan of care that included a urine toxicology screen and a compounded topical medication consisting of Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, and Capsaicin 0.025%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen to rule out medications toxicity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Chronic pain programs, opioids; Medications for chronic pain; Opioids Page(s): 34, 60, 74-96. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I Evidence Assessment, Pain Physician 2012; 15:S1-S66 2) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012 14(4): PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/>.

Decision rationale: A drug test is a technical analysis of a biological specimen, for example urine, hair, blood, breath air, sweat, or oral fluid / saliva, to determine the presence or absence of specified parent drugs or their metabolites. Drug-testing a blood sample is considered to be the most accurate test for drugs or their metabolites as it will reflect the drugs steady state or level in the serum that equates to the amount of medication taken. However, it is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. Review of the available medical records for this patient reveals that the patient is taking a controlled substance and that the provider requested a urine drug screen to ensure the patient was appropriately using the opioid medication and not using other non-prescribed controlled substances. There was no comment in the medical records of use of the urine toxicology screen to rule out medication toxicity. If there was such a request then the test would not be the appropriate test to order and, therefore, should not be done. Medical necessity for a urine toxicology screen to rule out medication toxicity has not been established and therefore is not medically necessary.

Compounded topical: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%: 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 Capsaicin, topical; NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics Page(s): 28-9, 67-73, 111-13. Decision based on Non-MTUS Citation Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. Phys Sportsmed. 2013 May; 41(2): 64-74.

Decision rationale: Flurbiprofen-Baclofen-Dexamethasone-Menthol-Camphor-Capsaicin Topical Cream is a combination product formulated for use as a topical analgesic. Topical analgesic medications have been shown to give local analgesia. The use of topical agents to

control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use and their use is primarily recommended for osteoarthritis or neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is classified as non-steroidal anti-inflammatory drug (NSAID) and studies have shown NSAIDs have been effective when given topically in short-term use trails for chronic musculoskeletal pain. However, long-term use of topical NSAIDs has not been adequately studied. Baclofen is an antispasmodic indicated for oral use to treat muscle spasms caused by multiple sclerosis or spinal cord injuries but the MTUS does not recommend its use as a topical agent. Dexamethasone is a steroid. The MTUS does not comment in its use as a topical medication. Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. The MTUS does not recommend for or against its use for chronic pain. Camphor is a topical medication with local anesthetic and antimicrobial properties. The MTUS does not recommend for or against its use for chronic pain. Capsaicin is a capsaicinoid compound with analgesic properties usually formulated as 0.025% for osteoarthritis or 0.075% for neuropathic pain. It is used medically in the form of a topical ointment, spray or patch and is indicated for the temporary relief of minor aches and pains of muscles and joints. It has also been used to treat the itching and inflammation caused by psoriasis. When compared to a placebo, its use has been superior in relieving chronic neuropathic pain and musculoskeletal pain. However, there are no evidence-based studies using 0.0375% preparations and no evidence that this higher dose formulation is superior to 0.025%. The MTUS recommends its use as option for treating pain in patients intolerant to other treatments. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Since topical use of baclofen is not recommended, use of this product is not recommended. Medical necessity for use of this product has not been established and therefore is not medically necessary.