

Case Number:	CM15-0165859		
Date Assigned:	09/03/2015	Date of Injury:	06/12/2007
Decision Date:	10/07/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/24/2015

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

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 65 year old male with a June 12, 2007 date of injury. A progress note dated July 21, 2015 documents subjective complaints (persistent neck pain rated at a level of 5 out of 10; lower back pain rated at a level of 4 to 5 out of 10; left knee pain rated at a level of 5 out of 10), objective findings (decreased range of motion of the cervical spine; positive cervical compression test on the right with radiation of pain into the right upper shoulder; significant palpable muscular hypertonicity and tenderness and multiple trigger points in the cervical spine and upper trapezius muscles; decreased range of motion of the lumbar spine; positive straight leg raise test on the right; tenderness over the lateral joint line with positive valgus and varus stress tests of the left knee; slightly decreased left quadriceps strength), and current diagnoses (flare up of the cervical spine injury; flare up of the lumbar spine injury; left knee sprain and strain, chronic). Treatments to date have included medications, chiropractic treatments, and activity modifications. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Flurbiprofen/baclofen/lidocaine cream 20%, 5%, 4% #180gm, 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/baclofen/lidocaine cream 20%, 5%, 4% #180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The 65 year old patient complains of pain in neck, lumbar spine, and left knee, rated at 4-5/10, as per progress report dated 07/21/15. The request is for Flurbiprofen/Baclofen/Lidocaine Cream 20%, 5%, 4% #180gm. The RFA for this case is dated 07/30/15, and the patient's date of injury is 06/12/07. Diagnoses, as per progress report dated 07/21/15, included flare-up in cervical spine injury, flare-up in lumbar spine injury, chronic left knee sprain/strain. The patient is taking Motrin for pain relief. The patient is retired, as per the same progress report. The MTUS Chronic Pain Medical Treatment Guidelines 2009, page 111 and Topical Analgesics section, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product. The MTUS has the following regarding topical creams (p 111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the request for Flurbiprofen/Baclofen/Lidocaine topical compound is first noted in progress report dated 07/21/15. This appears to be the first prescription for this medication. The treater does not explain how and where this cream will be applied. Additionally, MTUS does not support the use of Baclofen in topical form. There is no diagnosis of peripheral joint arthritis for which topical Flurbiprofen is recommended. MTUS does not allow for any other formulation of Lidocaine other than topical patches. MTUS Guidelines also provide a clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since all the three components of this cream are not indicated by the guidelines, this request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Urine Drug Screen.

Decision rationale: The 65 year old patient complains of pain in neck, lumbar spine, and left knee, rated at 4-5/10, as per progress report dated 07/21/15. The request is for Urine Toxicology Screen. The RFA for this case is dated 07/30/15, and the patient's date of injury is 06/12/07. Diagnoses, as per progress report dated 07/21/15, included flare-up in cervical spine injury, flare-up in lumbar spine injury, chronic left knee sprain/strain. The patient is taking Motrin for pain relief. The patient is retired, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, p 77, under Opioid management section: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the request for UDS is noted in progress report dated 07/21/15. The treater states "at this time, a urine toxicology screen is requested as part of a pain-treatment agreement during opioid therapy." However, as per the reports available for review, the patient is only taking Motrin for pain relief. There is no indication that the patient is on opioid therapy. The treating physician does not discuss the patient's opioid dependence risk either. MTUS only supports UDS in patients taking opioid medications. Hence, the request is not medically necessary.