

Case Number:	CM15-0182529		
Date Assigned:	09/23/2015	Date of Injury:	11/21/2006
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/16/2015

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

Certification(s)/Specialty: Emergency 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:

The injured worker is a 56 year old female who sustained an industrial injury on 11-21-06. She is currently working. Diagnoses include cervical myofascial pain; status post left ulnar nerve decompression times two with residuals; status post right ulnar nerve decompression with residuals. She currently (5-27-15) complains of neck pain, muscle spasms and stiffness with radiation to the upper extremities. Her pain level with medications is 2-3 out of 10 and 8 out of 10 without medication. She has functional improvement and pain relief (5-27-15) with medications. On physical exam of the cervical spine there was tenderness in the posterior cervical and trapezial musculature with spasm; upper extremities show hypersensitivity over the volar aspect of the right ring and small fingers. In the progress note dated 5-27-15 the treating provider's plan of care includes requests for tramadol 50 mg #30 with 2 refills; Lidocaine 5%, flurbiprofen 20%, 120 grams with 2 refills; repeat urine toxicology. The request for authorization dated 6-10-15 was for tramadol 50 mg #30 with 2 refills; Lidocaine 5%, flurbiprofen 20%, 120 grams with 2 refills; repeat urine toxicology. On 8-21-15 Utilization Review evaluated and non-certified the requests for tramadol 50 mg #30 with 2 refills and has modified the request to tramadol 50 mg #30 with no refills to allow for weaning based on no documentation of failed trials of first line opiates in keeping with MTUS guidelines; Lidocaine 5%, flurbiprofen 20%, 120 grams with 2 refills based on MTUS guideline non-recommendation of topical analgesics due to their experimental nature and no proven efficacy and only recommended for neuropathic pain; repeat urine toxicology screen based on no documentation of provider concerns of illicit

drug use or non-compliance with prescribed medications and no related actions taken in response to previous inconsistencies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #30 with 2 refills: 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): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The requested Tramadol 50mg #30 with 2 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain, muscle spasms and stiffness with radiation to the upper extremities. The treating physician has documented the physical exam of the cervical spine there was tenderness in the posterior cervical and trapezial musculature with spasms; upper extremities show hypersensitivity over the volar aspect of the right ring and small fingers. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Tramadol 50mg #30 with 2 refills is not medically necessary.

LF520 (Lidocaine 5%, Flurbiprofen 20%) 120gm with 2 refills: 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 requested LF520 (Lidocaine 5%, Flurbiprofen 20%) 120gm with 2 refills, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has neck pain, muscle spasms and stiffness with radiation to the upper extremities. The treating physician has documented the physical exam of the cervical spine there was tenderness in the posterior cervical and trapezial

musculature with spasm; upper extremities show hypersensitivity over the volar aspect of the right ring and small fingers. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, LF520 (Lidocaine 5%, Flurbiprofen 20%) 120gm with 2 refills is not medically necessary.

Repeat urine drug 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 (Chronic), Urine Drug Testing.

Decision rationale: The requested Repeat urine drug toxicology screen, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, Drug testing, recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. Official Disability Guidelines, Pain (Chronic), Urine Drug Testing, notes that claimants at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants 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. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants 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. The injured worker has neck pain, muscle spasms and stiffness with radiation to the upper extremities. The treating physician has documented the physical exam of the cervical spine there was tenderness in the posterior cervical and trapezial musculature with spasm; upper extremities show hypersensitivity over the volar aspect of the right ring and small fingers. The referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at moderate risk, and the treating physician has not documented the medical necessity for drug screen frequency in excess of this amount. The criteria noted above not having been met, repeat urine drug toxicology screen is not medically necessary.