

<b>Case Number:</b>	CM15-0182607		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, 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 60 year old female, who sustained an industrial injury on 3-19-12. The injured worker was diagnosed as having lumbar spine disorder with myelopathy; sciatica; cervical spine disorder with myelopathy; internal derangement of the knee; shoulder tendinitis; peri-arthritis; rotator cuff syndrome. Treatment to date has included status post right shoulder surgery (2013); status post left shoulder arthroscopy (2-12-14 and 5-11-15); physical therapy; home exercise program; medications. Currently, the PR-2 notes dated 8-18-15 indicated the injured worker was seen at the "██████████" for assessment. This was an initial report on the injured worker's current complaints of gradual onset of numbness and tingling in both hands starting in 2011. The provider documents the injured worker is a status post right shoulder surgery (2013); status post left shoulder arthroscopy (2-12-14 and 5-11-15). She reports regarding her hands she's been treated mostly with splints and she has a trial of 10 physical therapy sessions in 2013. She also reports she has had a nerve conduction study on 8-10-15 that noted to be within normal limits bilaterally. She indicated her current complains are of nocturnal paresthesias involving her thumb and index fingers bilaterally as well as almost constant symptoms during the day which is precipitated by gripping. She has continued to use bilateral wrist splints with some slight relief. She has remained off work since her shoulder surgery in 2013. On physical examination the provider documents "right hand there was no thenar wasting. There was 5+ power of the abductor pollicus brevis and 1st dorsal interosseous. There was a negative Tinel's sign over the carpal tunnel. There was a localized Tinel's over the Guyon's canal. There was a positive Phalen's test." On exam of the wrist, the provider notes "On palpation

the patient has not tenderness over the ulnar capsule nor the distal radioulnar joint. There was a negative Watson test, and a negative Lichtman test. There was no tenderness over the trapesiometacarpal joint nor the 1st extensor compartment and there was a negative Flinkelstein's test and a negative grind test." On examination of the right elbow, there was normal motion from 0-120 degrees. There was a negative Tinel's over the ulnar nerve and a negative Tinel's over the median nerve. The elbow test was negative. The provider notes "On examination of the patient's left hand there was mild thenar wasting. There was 5+ power of the abductor pollicis brevis and 1st dorsal interosseous. Finger range of motion was normal..." He notes there was "negative Tinel's over the Guyon's canal. There was positive Phalen's test. On examination of the left wrist there was no swelling nor deformity. On palpation the injured worker had no slight tenderness over the triquetrum. There was no tenderness over the ulnar capsule nor the distal radioulnar joint. There was a negative Watson test, and negative Lichtman test. There was no tenderness over the trapesiometacarpal joint nor the 1st extensor compartment and there was a negative Flinkelstein's test and a negative grind test. On examination of the left elbow there was a normal motion 0-120 degree. There was a negative Tinel's over the ulnar and negative Tinel's over the median nerve. The elbow flexion test was negative. Cervical motion was decreased." A Request for Authorization is dated 9-16-15. A Utilization Review letter is dated 8-31-16 and non-certification was for Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.2%; 180 grams and Urine Drug Test. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. A request for authorization has been received for Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.2%; 180 grams and Urine Drug Test. The medication list include Cyclobenzaprine, Norco and Meloxicam. The patient sustained the injury due to cumulative trauma. The patient's surgical history include left shoulder surgery on 5/11/15. Patient had received lumbar ESI on 9/11/15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine Drug Test:** Overturned

**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 (updated 10/09/15) Urine drug testing (UDT).

**Decision rationale:** Urine Drug Test. Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment". Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. 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. As per records provided

medication lists includes Norco which is a controlled substance. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. The request for Urine Drug Test is medically necessary and necessary in this patient.

**Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.2%; 180 grams: 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:** Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluron. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." There is little to no research to support the use of many of these agents. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. 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). Non-neuropathic pain. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Intolerance or contraindication to oral medications was not specified in the records provided. Trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Flurbiprofen is NSAID. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Baclofen is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical Flurbiprofen, Menthol, Capsaicin and Baclofen are not recommended by MTUS. The medication Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluron is not medically necessary in this patient.

