MAXIMUS Federal Services

Case Number:	CM15-0191088		
Date Assigned:	10/05/2015	Date of Injury:	05/10/2007
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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: New Jersey, New York
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 39-year-old male, who sustained an industrial injury on 5-10-07. Current diagnoses or physician impression includes chronic pain syndrome, lumbar spine sprain-strain, neuropathic pain, reflex sympathetic dystrophy, myalgia, and myositis (unspecified). Disability status is permanent and stationary. A note dated 8-26-15 reveals the injured worker presented with complaints of right hand and arm pain that is increased with activity and is hypersensitive. He rates his pain at 7 out of 10. He reports his pain is reduced from 10 out of 10 to 8 out 10 with medication. He reports difficulty with engaging in activities of daily living; he is unable or experiences difficulty with self-care, dress himself, getting on and off the toilet, brushing his teeth, make a meal, climb stairs, do light housework, run errands, rise from a seated position, open car doors, shop, sleep and engage in sexual activity. A physical examination dated 9-1-15 revealed decrease right shoulder range of motion. The right forearm supination is decreased and there is severe muscle wasting noted. The right wrist range of motion is decreased. The right hand is frozen with no active motion. The examination of his lumbar spine reveals nonspecific tenderness at L4, L5 and S1 and range of motion is within normal limits. Treatment to date has included stellate ganglion blocks (did not help, per note dated 9-1-15), medications; Roxicodone (for greater than 34 months) and chiropractic care. Diagnostic studies included multiple x-rays. A request for authorization dated 8-26-15 for urine drug screen, Roxicodone 30 mg #180, Flurbiprofen 20%-Baclofen 2%-Gabapentin 6%-Cyclobenzaprine 0.2%-Lidocaine 5% 240 grams is non-certified, per Utilization Review letter dated 9-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use.

Decision rationale: The request for a urine drug screen is not medically necessary. His medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. Two urine drug screens were found to have inconsistent results. Continued opioid use will not be certified therefore further urine drug screens are not necessary. Therefore, the request is not medically necessary.

Roxicodone 30mg #180: 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, criteria for use, Opioids for chronic pain.

Decision rationale: The request for Roxicodone is not medically necessary. The patient has been on long-term opioid use, taking Roxicodone for chronic back pain RSD. The patient was not documented to have returned to work or had documented objective improvement in function. Two urine drug screens showed inconsistent results with positive use of cannabinoids, reflecting aberrant behavior. The patient was recommended to have been weaned off of opioids by now. Therefore, the request is not medically necessary.

Flurbiprofen 20%, Baclofen 2%, Gabapentin 6%, Cyclobenzaprine 0.2%, and Lidocaine 5% 240g: 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 request for this compound cream is not medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when

antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. There were no documented goals of treatment. Topical baclofen is not recommended as per MTUS guidelines as there is no peer-reviewed literature to support its use. There is no evidence to use muscle relaxants as a topical product. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is not medically necessary.