

Case Number:	CM15-0193525		
Date Assigned:	10/07/2015	Date of Injury:	03/28/2014
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old male who sustained an industrial injury on 3-28-14. A review of the medical records indicates he is undergoing treatment for lumbar sprain and strain, lumbar paraspinal muscle spasms-disc herniation, lumbar radiculitis-radiculopathy of lower extremities, sacroiliitis of the right sacroiliac joint, and chronic pain. Medical records (6-17-15 to 8-26-15) indicate ongoing complaints of low back pain. He rates the pain "8 out of 10 most of the time". The pain is associated with limited range of motion of the lumbar spine and numbness and tingling in the right leg. He also complains of right buttock pain that radiates to the posterior and lateral aspect of the right thigh with numbness and tingling. The physical exam (8-26-15) reveals limited range of motion of the lumbar spine. Weakness with tingling and numbness is noted in the right leg. The treating provider indicates that it is "progressive, as the injured worker complains of experiencing severity of these symptoms while climbing stairs, long walks, daily activities, and performing home exercise program". The treating provider also indicates that the injured worker is "suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis and radiculopathy to the posterior and lateral aspect of the thigh". Gaenslen's, Patrick, and Fabre tests were positive. Treatment has included a TENS unit, home exercise program, and right L3-L4 and L4-L5 transforaminal epidural steroid injections on 4-29-15 and 7-29-15. The treating provider indicates that there was 50% improvement with weakness, tingling, and numbness in the right lower extremity for 8 weeks (6-17-15). He also receives medications, including Norco 10-325, Omeprazole 20mg, and Gabapentin 300mg, as well as compound creams. The utilization review (9-23-15) includes requests for authorization of a urine toxicology screen, Flurbiprofen 25%/Dextromethorphan 10% in lipoderm base 180gms, and Gabapentin 10%/Ketoprofen 10%/Tramadol 5%/Cyclobenzaprine 2% in lipoderm base 180gms. The requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen on follow up visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in March 2014 when, while carrying boxes containing parts he tried to stand on a small stool when it slipped and he twisted his back. He was seen for an initial pain management evaluation in October 2014. He does not smoke or drink. Prior treatments had included physical therapy and medications with limited improvement. Norco, gabapentin, and Terocin were prescribed. Urine drug screening in November 2014, April 2015, May 2015, June 2015, and July 2015 was negative for hydrocodone. When seen, he was having ongoing back pain with right lower extremity numbness and tingling. Pain was rated at 8- 9/10. He was having right leg pain radiating into the thigh with numbness and tingling. An epidural injection in April 2015 had provided a 50% improvement. Physical examination findings included limited lumbar spine range of motion. Sacroiliac joint test were positive. Authorization for injections was requested. Medications were prescribed including Norco 10/325 mg #30 and topical compounded cream. Urine drug screening was performed. Criteria for the frequency of urine drug testing include evidence of risk stratification. In this case, the claimant's prior urine drug screenings have all been negative for hydrocodone. This may reflect aberrant opioid use or be related to the detection time with low frequency of use of this medication which has been prescribed at an average daily dose of 1 - 2 times per day. Regardless, the requesting provider is not addressing the result. Repeated monthly urine drug screening without using the results to direct the claimant's ongoing management and without indication is not medically necessary.

Flurbiprofen 25%, Dextromethorphan 10%, in lipoderm base 180gm: Upheld

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

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

Decision rationale: The claimant sustained a work injury in March 2014 when, while carrying boxes containing parts he tried to stand on a small stool when it slipped and he twisted his back. He was seen for an initial pain management evaluation in October 2014. He does not smoke or drink. Prior treatments had included physical therapy and medications with limited improvement. Norco, gabapentin, and Terocin were prescribed. Urine drug screening in November 2014, April 2015, May 2015, June 2015, and July 2015 was negative for hydrocodone. When seen, he was having ongoing back pain with right lower extremity numbness and tingling. Pain was rated at 8- 9/10. He was having right leg pain radiating into the thigh with numbness and tingling. An epidural injection in April 2015 had provided a 50% improvement. Physical examination findings included limited lumbar spine range of motion. Sacroiliac joint test were positive. Authorization for injections was requested. Medications were prescribed including Norco 10/325 mg #30 and topical compounded cream. Urine drug screening was performed. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including Dextromethorphan. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not considered medically necessary.

Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% in lipoderm base 180gm: Upheld

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

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

Decision rationale: The claimant sustained a work injury in March 2014 when, while carrying boxes containing parts he tried to stand on a small stool when it slipped and he twisted his back. He was seen for an initial pain management evaluation in October 2014. He does not smoke or drink. Prior treatments had included physical therapy and medications with limited improvement. Norco, gabapentin, and Terocin were prescribed. Urine drug screening in November 2014, April 2015, May 2015, June 2015, and July 2015 was negative for hydrocodone. When seen, he was having ongoing back pain with right lower extremity numbness and tingling. Pain was rated at 8- 9/10. He was having right leg pain radiating into the thigh with numbness and tingling. An epidural injection in April 2015 had provided a 50% improvement. Physical examination findings included limited lumbar spine range of motion. Sacroiliac joint test were positive. Authorization for injections was requested. Medications were

prescribed including Norco 10/325 mg #30 and topical compounded cream. Urine drug screening was performed. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. There is little to no research to support the use of compounded topical Tramadol. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The requested compounded medication is not considered medically necessary.