

<b>Case Number:</b>	CM15-0199645		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, low pain, shoulder, and wrist pain reportedly associated with an industrial injury of November 17, 2014. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve requests for urine toxicology screening and several topical compounded agents. The claims administrator referenced an August 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated June 11, 2015 difficult to follow, not entirely legible, the applicant had reported multifocal complaints of neck, mid back, low back, wrist, and shoulder pain, 4-6/10. The applicant was placed off of work, on total temporary disability while urine drug testing, repeat MRIs of the lumbar spine, electrodiagnostic testing of unspecified body parts, an orthopedic consultation, and acupuncture were sought. Localized intense neurostimulation therapy was also ordered. The applicant was kept off of work. The note comprised, in large part, of preprinted checkboxes, without much supporting rationale or commentary. On August 13, 2015, the applicant was, once again, placed off of work, on total temporary disability, while urine drug testing, topical compounds, extracorporeal shockwave therapy, and localized intense neurostimulation therapy were ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Urine Toxicology Screening: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Online Edition, 2015 Chapter: Pain (Chronic).

**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 (UDT).

**Decision rationale:** No, the request for urine toxicology screening (AKA urine drug testing) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option in the chronic pain population, to assess for the presence or absence of illegal drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practices of the [REDACTED] when performing drug testing. It was not stated why the applicant was being re-tested so soon after prior drug testing was performed in June 2015. There was no mention of the applicant's being a higher-risk individual for whom such frequent drug testing would have been indicated. The applicant's complete medication list was not seemingly attached to the August 13, 2015 office visit at issue. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.

## **One compound cream (Flurbiprofen 25%, Cyclobenzaprine 2%) 180grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Similarly, the request for a flurbiprofen-cyclobenzaprine topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e., the secondary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider's August 13, 2015 progress note, moreover, was thinly and sparsely developed, handwritten, difficult to follow, not entirely legible, did not clearly state why what page 111 of the

MTUS Chronic Pain Medical Treatment Guidelines considers "largely experimental" topical compounds were employed in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals.

**One compound cream (Gabapentin 15%, Dextromethorphan 10%, Amitriptyline 4%)  
180grams: 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:** Finally, the request for a gabapentin-dextromethorphan-Amitriptyline containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the primary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.