Case Number:	CM15-0203351		
Date Assigned:	10/20/2015	Date of Injury:	07/12/2007
Decision Date:	12/29/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker is a 64 year old female, who sustained an industrial injury on 7-12-07. The injured worker was diagnosed as having ACDF (7-16-15); adjacent segment disc herniation C4-5; bony hyperostosis C5-6; L4-S1 disc herniations; lumbar facet arthropathy disc deterioration degenerative changes; major depression; contusion of left foot; neuropathy upper extremities; claw left hand; bilateral cubital tunnel syndrome; right knee arthritis; left knee meniscal tear; right shoulder tendinitis; radiculitis left lower extremity; right wrist TFCC tear, mass, De Quervain's tenosynovitis; right trigger thumb; chronic regional pain syndrome Type I right hip internal derangement right tibial contusion. Treatment to date has included status post anterior cervical disc fusion (ACDF) (7-16-14); aquatic therapy; status post occipital nerve block bilateral (9-3-15); medications. Diagnostics studies included MRI lumbar spine (7-13-15). Currently, the PR-2 notes dated 7-23-15 indicated the injured worker was in the office for a neurological re-evaluation. The injured worker reports she has problems with all activities of daily living as a result of her industrial injury. She has difficulty sleeping; emotional distress, unable to drive or ride in a vehicle. The provider documents "She remains on the same medications. She is closely followed by internal medicine. She is taking Tramadol intermittently with partial benefit. She has constipation." She reports doing water exercises by herself. She also reports that in April, she fell twice injuring her left ankle, knees and left hip which were aggravated (legs weakened), hands and back. She reports her pain is greater in her right hand than the left with pain going into her thumbs with numbness and tingling. On physical examination, the provider documents "She has

tenderness at the right more than left thumbs. She had craniocervical pain and tenderness with bilateral occipital tenderness, greater on the left side. She had very severe tenderness at both TMJ." The provider documents his recommendations as: "She remains under the care of another provider for her recent neck surgery. Due to worsening of her symptoms at both wrists, hands and fingers, if is necessary for her to have comparative MRI scans of wrists and elbows and be evaluated by a hand specialist for second opinion consult. Bilateral wrist arthrogram should also be done. I also recommend comparative MRI scans of the cervical and lumbar spine. I also recommend a trial with occipital block injections for her headaches and due to the increase of her TMJ pain, she needs evaluation by an oral surgeon. Due to all the worsening of all of her complaints relative to her lower back, I recommend that she undergo a CT discogram of the lumbar spine at all levels." His treatment plan makes no mention of medications refills or prescriptions. The medical documentation submitted for review as far back as January 2015 does not mention these medications as requested. A Request for Authorization is dated 9-24-15. A Utilization Review letter is dated 9-24-15 and non-certification for Retrospective Flurbiprofen 20% cream 30gm #1 (date of service 7-14-15); Retrospective Tramadol 20% cream 30gm #1 (date of service 7-14-15); Retrospective Cyclobenzaprine 10%, Gabapentin 10% cream 30gm #1 (date of service 7-14-15) and Retrospective Urine toxicology test #1 (date of service 7-14-15). A request for authorization has been received for Retrospective Flurbiprofen 20% cream 30gm #1 (date of service 7-14-15); Retrospective Tramadol 20% cream 30gm #1 (date of service 7-14-15); Retrospective Cyclobenzaprine 10%, Gabapentin 10% cream 30gm #1 (date of service 7-14-15) and Retrospective Urine toxicology test #1 (date of service 7-14-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 20% cream 30gm #1 (DOS 7/14/15): 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: MTUS 2009 recommends against the use of topical compounded agents since there is no evidence of efficacy or safety. The use of compounded Flurbiprofen is not supported by evidence based guidelines. The medical records provided with this request do not show a request for compounded Flurbiprofen or mention any indications for its use. The use of compounded Flurbiprofen is not supported by evidence based guidelines and the medical records do not contain any information that would justify providing treatment that they do not support. This request for compounded Flurbiprofen cream is not medically necessary.

Retrospective Tramadol 20% cream 30gm #1 (DOS 7/14/15): 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: MTUS 2009 recommends against compounded topical agents. This compounded topical agent contains Tramadol which has not been studied for safety or efficacy as a topical agent. Tramadol is an opiate and MTUS 2009 specifically recommends against the use of opioids in topical compounded creams. The medical records do not provide any information concerning the request for topical Tramadol and why it should be used in this case. Topical Tramadol cream is not medically necessary.

Retrospective Cyclobenzaprine 10%, Gabapentin 10% cream 30gm #1 (DOS 7/14/15): 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: MTUS 2009 recommends against the use of topical compounded agents since they have no proven efficacy or safety. MTUS 2009 further recommends against agents containing muscle relaxants and gabapentin. The medical records do not explain why a topical agent containing a muscle relaxant should be used when evidence based guidelines recommend against its use. This topical agent containing cyclobenzaprine and gabapentin is not medically necessary.

Retrospective Urine toxicology test #1 (DOS 7/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, steps to avoid misuse/addiction.

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

Decision rationale: MTUS 2009 states that drug testing can be done if there is suspicion that the patient is using illicit drugs. Urine drug tests are also used to monitor adherence to chronic opioid maintenance regimens and/or detect non-prescribed substances while on chronic opioid maintenance therapy. The medical records do not document any suspicion of illicit drug use nor do the medical records show prescriptions for opioid medications. This request for urine drug testing is not consistent with MTUS 2009 recommendations nor is there any support for urine drug testing in the absence of opioid use. This request for urine drug testing is not medically necessary.