

<b>Case Number:</b>	CM15-0021983		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	04/19/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: North Carolina  
 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 27-year-old female, who sustained a work related injury on 4/19/14. The diagnoses have included lumbosacral sprain/strain, SI joint sprain, right side, lumbar muscle spasm, and cervical sprain/strain. Treatments to date have included x-rays, physical therapy, electrical stimulation therapy, massage, hot pack treatments, chiropractic treatment (these treatments not very helpful for pain relief), 7 to 10 acupuncture treatments (helpful in treating injury), back brace usage, oral medications and range of motion exercises. In the Qualified Medical Evaluation report dated 1/9/15, the injured worker complains of thoracic spine pain and lumbosacral pain. She rates her pain a 7-8/10. She complains of radicular pain down legs, right greater than left. She complains of numbness, tingling, and weakness in legs. She has tenderness to palpation of thoracic spine and lumbar spine areas. She has decreased range of motion in mid and lower back. On 1/21/15, Utilization Review non-certified requests for compound medication: flurbiprofen 20%, lidocaine 5% cream, 180 grams, a urine toxicology screen and a pain management consultation. The California MTUS, Chronic Pain Treatment Guidelines, ACOEM Guidelines, and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: flurbiprofen 20%, lidocaine 5% cream, 180 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication is a compound that included ingredients that are not recommended as topical analgesics per the California MTUS, Therefore per the guidelines cited above, the request is not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The request is for a urine specimen toxicology screen. The California MTUS does recommend urine drug screens for patients on opioid therapy: The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens the included progress notes do not indicate the patient is on chronic opioid therapy. Periodic and random drug screening is recommended in patients who are on opioid therapy per the California MTUS. There is also no documentation of aberrant behavior. Therefore, criteria for a urine drug screen have not been met and the request is not medically necessary.

**Pain management consult for possible sacroiliac joint injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

**Decision rationale:** Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit form additional expertise. A referral may be for  
1.Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing and chronic pain that is not improving. The consultation with a pain management physician is reasonable and meets guideline criteria as sated above per the ACOEM. Therefore, the request is medically necessary.