

<b>Case Number:</b>	CM15-0029541		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 56 year old male, who sustained an industrial injury on 09/28/2011. The diagnoses have included cervical disc protrusion, cervical myospasms, cervical radiculopathy, cervical sprain/strain, lumbar myospasms, lumbar pain, and lumbar sprain/strain. Noted treatments to date have included medications. No MRI report noted in received medical records. In a progress note dated 11/20/2014, the injured worker presented with complaints of cervical spine pain 7/10 that radiates to left shoulder, and lumbar spine pain 8/10 that radiates to the left leg, testicles, buttocks, and toes. The treating physician reported that the injured worker states he is currently not taking any medications but physician ordered urine toxicology to rule out medication toxicity. In addition, the physician ordered medical creams to decrease pain and inflammation. Utilization Review determination on 01/21/2015 non-certified the request for Urine Drug Screen, Compound: Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%, Pantoprazole 20mg #60, Compound: Flurbiprofen 20%/Tramadol 20%/Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10%, and Compound: Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% citing Medical Treatment Utilization Schedule Guidelines.

### 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 Treatment Guidelines Drug testing, Opioids, Frequent random urine toxicology screens Page(s): 43, 89 and 94, 77-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** According to the cited MTUS guidelines, frequent urine drug testing (UDT) is recommended for those at high risk of opioid abuse. The ODG states that UDT should be based on the risk stratification and that "low risk" patients should be tested within six months of therapy start, then yearly. At this time, the injured worker is not taking opioids and does not fit a "high risk" category for addiction/aberrant behavior. Therefore, the request for urine drug screen is not medically necessary or appropriate.

**Gabapentin10%/Amitriptyline 10%/Bupivacaine 5%: Upheld**

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

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

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. The injured worker has no documented trial of failure from first-line therapy. In addition, gabapentin is not recommended as a topical ingredient by the MTUS, and as the guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a compound containing gabapentin for topical use cannot be deemed medically necessary.

**Pantoprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as pantoprazole 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent treating physician note, the injured worker is not on any NSAIDS and does not meet

any of the criteria for being at risk for an intermediate GI event. Therefore, the request for pantoprazole 20 mg #60 is not medically necessary.

**Flurbiprofen 20%/Tramadol 20%/Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10%: Upheld**

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

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

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. The injured worker has no documented trial of failure from first-line therapy. In addition, gabapentin is not recommended as a topical ingredient by the MTUS, and as the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a compound containing gabapentin for topical use cannot be deemed medically necessary.

**Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.020%: Upheld**

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

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

**Decision rationale:** The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. The injured worker has no documented trial of failure from first-line therapy. In addition, Baclofen is not recommended as a topical ingredient by the MTUS, and as the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a compound containing Baclofen for topical use cannot be deemed medically necessary.