

Case Number:	CM15-0030158		
Date Assigned:	02/23/2015	Date of Injury:	01/23/2009
Decision Date:	04/08/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male, who sustained an industrial injury reported on 1/23/2009. He has reported mild bilateral knee pain, and moderate left shoulder pain that radiates into the lower back. The history shows multiple evaluations for complaints of left knee pain, and the 11/24/2014 office notes show previous worker's compensation injuries to the right shoulder and lower back. The diagnoses were noted to have included bilateral knee internal derangement with history of arthroscopic surgeries; and chronic sprains/strains to the knee, leg, ankle and foot injury; and neuralgia, neuritis and radiculitis; and disc syndrome with radiculopathy. Treatments to date have included consultations; diagnostic urine and imaging studies; sudomotor diagnostic testing (10/3/14); cardio-respiratory diagnostic testing; bilateral knee surgery; effective physical therapy; lumbosacral brace; and medication management. The work status classification for this injured worker (IW) was noted to be back at work as of 12/15/2014. No PR-2 or office notes are noted for 12/22/2014, and are thus not available for my review. On 1/19/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 11/24/2014 for flurbiprofen 20% and tramadol 20% in Mediderm base 30gm and gabapentin 10%, dextromethorphan 10% and amitriptyline 10% 30gm, dispensed 12/22/2014, to decrease pain and inflammation; and a urine drug screen performed 12/22/2014, to confirm adherence to prescribed medication. The Medical Treatment Utilization Schedule, chronic pain medical management guidelines, Ketoprofen, lidocaine (in creams, lotions and gels), capsaicin, baclofen, Boswellia Serrata Resin, and other muscle relaxants, gabapentin and other anti-epilepsy drugs in topical applications, compounded medications, urine drug screen, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) flurbiprofen 20% and tramadol 20% in Mediderm base 30gm and gabapentin 10%, dextromethorphan 10%, and amitriptyline 10% 30gm dispensed 12/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic. Anti-inflammatory medications Page(s): 111-113, 22.

Decision rationale: This patient presents with knee pain, left shoulder pain, lower back pain. The treater has asked for RETRO FLURBIPROFEN 20% AND TRAMADOL 20% IN MEDIDERM BASE 30GM AND GABAPENTIN 10% AND AMITRIPTYLINE 10% 30GM DISPENSED 12/22/14 but requested in 11/24/14 report. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the patient does present with knee pains for which topical NSAIDs may be indicated. However, this compound contains Tramadol which is not discussed in any of the guidelines for a topical use. There is no support that Tramadol is an effective topical agent. As topical Tramadol is not indicated, the entire compounded topical cream is also not indicated for use. The request IS NOT medically necessary.

Urine drug screen performed 12/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: This patient presents with knee pain, left shoulder pain, and lower back pain. The treater has asked for URINE DRUG SCREEN PERFORMED 12/22/14 but requested in 11/24/14 report. The 11/24/14 report further specifies: "urine tox to r/o meds toxicity." The patient was dispensed Naproxen, Cyclobenzaprine, and a topical cream per 11/24/14 report. The patient had a urine drug screen on 10/13/14 which came negative for all tested medications, but the 10/31/14 and 11/24/14 reports do not mention its results. The 10/31/14 report does not include current medications, with which to compare the urine drug screen. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. ODG states: "Patients at low risk of

addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." In this case, the treater has asked for drug screen to monitor current opiate usage which appears to be in line with MTUS guidelines. However, the patient just had a recent urine drug screen on 10/13/14 which came out negative for all tested medications. The treater does not describe the results of the 10/13/14 urine drug screen in any reports. The treater does not explain why UDS's ordered as the listed medications do not include any opiates. ODG and MTUS support UDS's for opiate monitoring. The request IS NOT medically necessary.