

<b>Case Number:</b>	CM15-0031919		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Arizona, Michigan

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 injured worker is a 45 year old male who sustained an industrial injury on 08/15/2007. Diagnoses include cervical disc displacement, cervical radiculopathy, lumbar radiculopathy and sacroiliac arthropathy. Treatment to date has included medications, and back brace. A physician progress note dated 01/12/2015 documents the injured worker continues to complain of persistent pain in the right sacroiliac joint. He notes inflammation of the right sacroiliac joint that is associated with pain radiating down into his right leg with numbness and tingling. He has cramping in the muscles of his right calf. He has minimal pain in the cervical spine. The injured worker states the medication and compound creams are helpful in terms of pain control. On examination the lumbar spine reveals tenderness to palpation over the lumbar paraspinal musculature, and decreased range of motion and stiffness. Supine straight leg raise test is positive at 20 degrees on the right. There is tenderness to palpation over the bilateral sacroiliac joints. Fabere's and Patrick's tests are positive. Treatment requested is for Norco 10/325mg #120, Topical Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream, 120 gm, Topical Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream, 30 gm, and Urine Drug Screen. On 02/06/2015 Utilization Review modified the request for Norco 10/325mg #120 to Norco 10/325mg #72 for weaning and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for Topical Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream, 120 gm, Topical Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream, 30 gm was non-certified and cited was California Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines. The request for a Urine Drug Screen was non- certified and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78,95).

**Decision rationale:** Per the MTUS, Opioids should be continued if the patient has returned to work or has improved functioning and pain. On-going management should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available to me shows that the injured worker appears to be having persistent pain despite opioid treatment and does not appear to be having a satisfactory response to opioids therefore the request for Norco 10/325mg #120 is not medically necessary.

**Topical Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream, 30 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound topical creams.

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

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, therefore the request for topical Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream, 30 gm is not medically necessary.

**Topical Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream, 120 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound topical cream.

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

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, therefore the request for topical Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream, 120 gm is not medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine drug screen.

**Decision rationale:** Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, however the MTUS did not address frequency of drug testing therefore other guidelines were consulted. Per the ODG Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. 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. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained

results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with co-morbid psychiatric pathology. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. However a review of the injured workers medical records that are available to me does not show evidence of risk stratification in this injured worker and it is therefore difficult to assess the medical necessity of the requested urine drug screen. There is no documentation of co-morbid psychiatric pathology and active substance abuse disorders therefore based on the clinical information that is available to me and the guidelines, the request for urine drug screen is not medically necessary.