

Case Number:	CM15-0036837		
Date Assigned:	03/05/2015	Date of Injury:	06/26/2014
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old male, who sustained an industrial injury on 6/26/2014. He has reported an automobile accident subsequently injuring his neck, shoulders, hands, and lower back. The diagnoses have included cervical strain, rule out disc herniation, lumbar strain, rule out disc herniation, and left upper and lower radicular pain. Treatment to date has included medication therapy, massage, and physical therapy. Currently, the IW complains of neck and back pain associated with radiation to left upper and lower extremities. The physical examination from 12/14 documented decreased cervical Range of Motion (ROM) with tenderness in the cervical and trapezius areas. The lumbar spine showed decreased Range of Motion (ROM) with tenderness and hypertonicity, straight leg positive on left and Kemp's test was positive bilaterally. Decreased sensation on left side near L5 and S1 distributions was noted. The plan of care was for Magnetic Resonance Imaging (MRI) of cervical and lumbar spines, electromyogram tests of upper and lower extremities, and a urine toxicology examination, as well as medication therapy. On 2/4/2015 Utilization Review non-certified compound cream (Flurbiprofen 20%/ Lidocaine 5%) 180mg and a urine drug screen. The MTUS Guidelines were cited. On 2/26/2015, the injured worker submitted an application for IMR for review of compound cream (Flurbiprofen 20%/ Lidocaine 5%) 180mg and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cream- Flurbiprofen 20%, Lidocaine 5% -180mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%/lidocaine 5% cream #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. Lidocaine in cream form is not recommended. Flurbiprofen is not FDA approved for topical use. Flurbiprofen is not recommended. In this case, the injured worker's working diagnoses are cervical strain rule out disc herniation; lumbar strain rule out disc herniation; and left upper and left lower extremity radicular pain. Flurbiprofen is not recommended. Lidocaine in cream form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen not FDA approved and lidocaine in cream form) that is not recommended is not recommended. Consequently, Flurbiprofen 20%/lidocaine 5% cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%/lidocaine 5% cream #80 g is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. 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. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, the injured worker's working diagnoses are cervical

strain rule out disc herniation; lumbar strain rule out disc herniation; and left upper and left lower extremity radicular pain. According to a progress note dated December 11, 2014, the injured worker was not taking any medications, opiates or muscle relaxants prior to that date. The progress note dated December 11, 2014 indicates the treating physician started Ultram and the topical compound cream Flurbiprofen/lidocaine. There is no clinical rationale for clinical indication for the urine drug screen in the medical record. There was no risk assessment in the medical record nor was there any aberrant drug-related behavior, drug misuse or abuse documented in the medical record. Ultram had not been started and, as noted previously, there is no prior aberrant drug-related behavior noted in the medical record. Consequently, absent clinical documentation with a clinical indication and rationale for a urine drug test, urine drug testing is not medically necessary.