

Case Number:	CM15-0043806		
Date Assigned:	03/13/2015	Date of Injury:	10/16/2008
Decision Date:	04/23/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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 77-year-old male injured worker suffered an industrial injury on 10/16/2008. The diagnoses were cervical multilevel disc protrusion, right shoulder rotator cuff tear, and bilateral knee arthritis. The diagnostic studies were cervical magnetic resonance imaging. The treatments were medications, shoulder surgery, cervical epidural steroid injections and acupuncture to the cervical spine. The treating provider reported pain in the neck 8/10, which is constant and worsening with worse stiffness and pain. The right shoulder, right wrist and right hand are all at 8/10 pain that is intermittent. The acupuncture made the pain worse. The cervical range of motion was significantly reduced with muscular hypertonicity and tenderness with decreased sensation to the right upper arm to the forearm. The right shoulder and right wrist had decreased range of motion and sensation. The requested treatments were: 1. Topical compounded cream: Flurbiprofen, Lidocaine. 2. Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compounded cream: Flurbiprofen, Lidocaine: Upheld

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

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

Decision rationale: The patient presents with pain in her neck, right shoulder and bilateral knees. The request is for Topical Compounded Cream Flurbiprofen, Lidocaine. Per 02/18/15 progress report, the patient is currently taking Tramadol and topical cream. The patient returns to modified work on 02/18/15. MTUS guidelines page 112 on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy --tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain". In this case, MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. The request is not medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with pain in her neck, right shoulder, right hand and bilateral knees. The request is for Urine Drug Screen. Per 02/18/15 progress report, the patient is currently taking Tramadol and topical cream. The patient returns to modified work on 02/18/15. The utilization review letter indicates that the patient underwent urine drug screenings on 10/14/14 and 11/12/14, confirming that the patient is not at high risk of addiction. MTUS guidelines page 43 and page 77 recommend toxicology exam as an option, using a urine drug screen (UDS) to assess for the use or the presence of illegal drugs or steps to take before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent Urine Drug Screening should be obtained for various risks of opiate users, ODG Guidelines, criteria for use of Urine Drug Screen, provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the treater does not explain why a repeat UDS is being requested. There is no opiate risk profile on this patient. While periodic UDS's are recommended as part of opiate management, for low risk, once a year UDS is all that is recommended per ODG. Review of the reports shows that the patient's last UDS was on 11/12/14 and none other. Since once yearly UDS's allowed for opiate management, on a random basis, a repeat UDS on 2/18/15 is reasonable. The request is medically necessary.

