

<b>Case Number:</b>	CM15-0046203		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Pain Management

### 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 39 year old female, who sustained an industrial injury on August 27, 2012. She reported that while cleaning heavy pumps, she felt pain and discomfort in her right hand and wrist. The injured worker was diagnosed as having cervical radiculopathy, right shoulder impingement syndrome, right shoulder bursitis subacromial, right shoulder slap lesion, left shoulder bursitis subacromial, right carpal tunnel syndrome, right wrist sprain/strain, left carpal tunnel syndrome, and left wrist sprain/strain. Treatment to date has included chiropractic treatments, acupuncture, physical therapy, right shoulder MRI, and medication. Currently, the injured worker complains of neck pain, right shoulder pain, left shoulder pain, right wrist pain, and left wrist pain. The Primary Treating Physician's report dated February 5, 2015, noted the cervical spine with tenderness to palpation of the bilateral trapezii, cervical paravertebral muscles, and suboccipitals, with muscle spasm of the cervical paravertebral muscles. The right shoulder was noted to have tenderness to palpation of the anterior shoulder, posterior shoulder, and trapezius, with muscle spasm of the anterior and posterior shoulders, with positive Neer's and Hawkin's tests. The left shoulder was noted to have tenderness to palpation of the anterior and posterior shoulder, rotator cuff, and trapezius, with positive Neer's and Hawkin's tests. The bilateral wrists were noted with tenderness to palpation of the dorsal, lateral, medical and volar wrists with positive Tinel's and Phalen's tests. Topical medications were noted prescribed in order to minimize possible neurovascular complications associated with the use of narcotic medications and well as upper gastrointestinal (GI) bleeding from the use of non-steroid anti-inflammatory drugs (NSAIDs) medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Toxicology Testing, prescribed on 02/05/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a Therapeutic trial of Opioids Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79 and 99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

**Decision rationale:** Regarding the request for a urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation of the date and results of prior testing and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of the above issues, the currently requested urine toxicology test is not medically necessary.

### **Gabapentin/Amitriptyline/Bupivacaine 10/10/5% in cream case 210gm, prescribed on 02/05/15: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Gabapentin/Amitriptyline/Bupivacaine, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical lidocaine (similar to bupivacaine) is "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)." Additionally, it is supported only as a dermal patch. Gabapentin is not recommended for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Gabapentin/Amitriptyline/Bupivacaine is not medically necessary.

### **Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin 20/5/2/2/2/0.025% in cream base, prescribed on 02/05/2015: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin is not medically necessary.