MAXIMUS Federal Services

Case Number:	CM15-0052364		
Date Assigned:	03/25/2015	Date of Injury:	07/23/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 62 year old female who sustained an industrial injury on 07/23/2014. Current diagnoses include lumbar strain with radiation into the lower extremities rule out disc herniation, right shoulder chronic strain rule out impingement versus rotator cuff, left shoulder tendinopathy, bilateral wrist strain with paresthesis rule out peripheral neuropathy, bilateral knee arthralgia rule out meniscopathy, bilateral ankle arthralgia, and bilateral carpal tunnel syndrome. Previous treatments included medication management. Diagnostic studies included MRI of the right shoulder, right ankle, electrodiagnostic study, and urine toxicology screening dated 11/13/2014. Initial complaints included pain in both shoulders, hands, wrists, back, knees, and ankles. Report dated 02/02/2015 noted that the injured worker presented with complaints that included lower back pain with radiation to the legs and ankles, bilateral shoulder pain, bilateral wrist pain with numbness and weakness, knee pain, and bilateral ankle pain. Physical examination was positive for abnormal findings. The treatment plan included reschedule hand consult, schedule physical therapy, request MRI of the right shoulder and right ankle, request bilateral cock-up wrist splint for night splinting, request Flurbiprofen/lidocaine cream, and request urine toxicology screen for next visit. The physician noted that the request for the compound cream was an attempt for greater pain control, as she cannot take oral NSAID secondary to gastrointestinal upset. It was further noted that the request for the urine toxicology screening is part of the pain treatment agreement during opioid therapy. Disputed treatments include Flurbiprofen/lidocaine cream 20%/15% 180gm and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/lidocaine cream 20%/15% 180gm: 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, compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Flurbiprofen/lidocaine cream 20%/15% 180gm is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags, twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids, once during January-June and another July-December." The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. As such, the request for U/A Test for Toxicology is not medically necessary.