

<b>Case Number:</b>	CM15-0082995		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	10/23/2010
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 injured worker is a 43 year old male, who sustained an industrial injury on 10/23/10. He reported initial complaints of falling from a ladder while trimming palm trees. The injured worker was diagnosed as having HNP lumbar spine; lumbago. Treatment to date has included medications. Diagnostics were noted but no report (3/16/15). Currently, the PR-2 notes dated 3/16/15 indicated the injured worker complains of severe pain to the lumbar. He was in the office on this date as a follow-up examination of the thoraco-lumbar spine. The injured worker continues to complain of significant decreased motion and loss of strength to the lumbar spine. X-rays were taken of the thoracic (notes two views) and lumbar spine (notes five views) that show loss of lumbar lordosis. The provider documents on examination on this date he is requesting a physical therapy program of 12 sessions to regain core strength, body mechanics and postural stabilization to the lumbar spine. He remarks the injured worker remains symptomatic and would greatly benefit from therapy. He also notes a request for interferential unit for 30-60 day rental and purchase if effective long-term care with supplies to manage pain and reduce medications usage. A request for Norco 10/325mg #60, a urine drug screen to check for efficacy and Orphenadrine/Caffeine 50/10mg cap #60, Gabapentin/Pyridoxine 250/10mg #60 BID and Flurbiprofen/Omeprazole 100/10mg #60 and flurbiprofen/cyclo/menthol cream 20% 10/4% cream 180mg for pain and Keratek Gel 4oz. bottle for pain/inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which applies to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicology screen is not medically necessary and appropriate.

**Flurb/omeprazole 100/10mg and flurb/cyclo/menth cream 20% 10/4%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and PPI over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and PPI medications for this chronic injury without improved functional outcomes attributable to their use. The Flurb/omeprazole 100/10mg and flurb/cyclo/menth cream 20% 10/4% is not medically necessary and appropriate.

