MAXIMUS Federal Services

Case Number:	CM15-0236794		
Date Assigned:	12/14/2015	Date of Injury:	08/16/2012
Decision Date:	01/20/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/03/2015

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, California
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 41-year-old female who sustained an industrial injury on 8-16-2012 and has been treated for bilateral shoulder rotator cuff tear, chronic cervical strain, chronic lumbar strain, and disc herniation. She is post left L4-5 laminotomy and discectomy dated 8-27-2015. On 11-6-2015 the injured worker reported bilateral shoulder and hand pain rated at 8 out of 10 on a pain scale, where 10 is the most severe. She reported that medication is helping with pain. Significant objective findings include moderate cervical spinal muscle tenderness over the trapezius muscles on both sides; tenderness over the acromioclavicular joint of both shoulders; range of motion of both shoulders were lower than "expected" ranges; and there were positive Neer's test and impingement signs with both shoulders. Documented treatment includes physical therapy, home exercise, Tramadol, Relafen which was documented as being discontinued and replaced with Motrin, transdermal creams applied to the shoulders "which have helped," and, they are awaiting authorization for an H-wave 30-day trial. She was prescribed Kera-Tek Gel on 8-10-2015 stating she had been "intolerant" to other treatment including medication, and topical medication was prescribed to restore activity levels and restore function. The treating physician's plan of care includes a request for authorization for Flurbiprofen-menthol cream. An opioid risk assessment was stated at "higher than 18" which was "mild to moderate risk," for narcotic abuse, misuse, or dependency. Previous urine drug screen 10-2-2015 was negative for all medication tested, and the treating physician provided a screen at the 11-6-2015 visit to determine if it is negative once again, necessitating a change to medication treatment planning. Requests for Flurbiprofen-menthol cream and the urine toxicology screen were both denied on 11-12-2015.

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 Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, differentiation: dependence & addiction, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) On-line (http://www.odg-twc.com/odgtwc/pain.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance.

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. The previous urine toxicology screen done 10/2015 was consistent. As such, the request for Urine toxicology screen is not medically necessary.

Flurbiprofen/Menthol cream (20%/5%/4%/4%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend 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/Menthol cream (20%/5%/4%/4%) 180gm is not medically necessary.