

Case Number:	CM14-0113193		
Date Assigned:	09/16/2014	Date of Injury:	11/10/2009
Decision Date:	10/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old female who reported an injury on 11/10/2009. The mechanism of injury was not submitted for review. The injured worker had a diagnosis of low back pain with radicular symptoms to the left lower extremity and facetogenic pain at the L4-5 and L5-S1 levels bilaterally. Past medical treatment consisted of physical therapy and medication therapy. Medications included Norco, tizanidine, Flurflex, and TGIce. An MRI obtained of the lumbar spine revealed that the injured worker had minor disc bulges at L2-3 and L3-4; a 2.8 mm disc bulge with annular tear at L4-5; and a 1 mm disc bulge at L5-S1. On 06/17/2014, the injured worker complained of lower back pain. On physical examination, it was noted that the injured worker had rated her pain at an 8/10 without medication and 5/10 with medication. The examination of the lumbosacral spine revealed tenderness over the L4-5 and L5-S1 facet areas bilaterally, more on the right side. The straight leg raise was positive bilaterally more on the left. The injured worker had decreased sensation to light touch over the left L4, L5, and S1 dermatomes. The treatment plan was for the injured worker to undergo a urine drug screen and continue the use of medications. The rationale and Request for Authorization form were not submitted for review.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The submitted documentation provided for review did not indicate that the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. Additionally, it is unclear when the last drug screen was performed. Furthermore, there was no evidence of opioid use. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

TGIce: 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 Page(s): 111.

Decision rationale: The decision for TGIce is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. It is unclear if the injured worker has a diagnosis which would be congruent with the guideline recommendations for the use of this topical compound. Additionally, there was no indication of the efficacy of the medication. It was also not indicated where the medication was being applied. The request as submitted did not indicate a dosage, frequency, or duration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

FLURLFLEX COMPOUNDS: 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 Page(s): 111.

Decision rationale: The request for Flurflex compound is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use

with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The guidelines note muscle relaxants are not recommended for topical application. As the guidelines do not recommend the use of muscle relaxants or gabapentin for topical application, the medication would not be indicated. It was also unclear if the injured worker had a diagnosis which would be congruent with the guideline recommendations for topical analgesia. Additionally, the request as submitted did not indicate a dosage, frequency, or duration. The efficacy of the medication was also not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.