

Case Number:	CM14-0127533		
Date Assigned:	08/15/2014	Date of Injury:	12/02/2009
Decision Date:	09/29/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/12/2014

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 Pain Medicine and is licensed to practice in California. 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 determination

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 44 year old female who reported an injury on 12/02/2009 after a trip and fall. Diagnoses included cervical and lumbar radiculopathy, neck pain, left shoulder strain/sprain and pain, chronic pain syndrome, myofascial syndrome and neuropathic pain. Past treatments included acupuncture, trigger point injection and medications. Diagnostic studies included urine drug screens dated 11/19/2013, 10/11/2013, and 02/05/2013 which were all positive for sertraline, which was inconsistent with the injured worker's prescribed medication regimen. Surgical history was not provided. The clinical note dated 06/20/2014 indicated the injured worker stated she was doing very well and rarely having low back and shoulder pain. She rated her pain 3/10 without medication and 1/10 with medication. Medications included Traumeel and Flexeril/Flurbiprofen ointment. The treatment plan included recommendations for one urine drug screen to assess medication compliance and identify possible drug diversion, and a compounded Flexeril/Flurbiprofen ointment #240 grams with one refill for inflammation and muscle spasm. The request for authorization was dated 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing.

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

Decision rationale: The request for one urine drug screen is not medically necessary. The California MTUS Guidelines indicate that urine drug screening is recommended as an option to assess for the use or presence of illegal drugs, and for the management of patients on opioids. Per the provided documentation, urine drug screens were performed on 11/19/2013, 10/11/2013, and 02/05/2013 which were all positive for sertraline, which was inconsistent with the injured worker's prescribed medication regimen. There is a lack of documentation to suggest that the injured worker was suspected of illegal drug use. There is no indication that the injured worker is prescribed opioids or other medications for which drug screening would be indicated. Therefore the request for one urine drug screen is not medically necessary.

One prescription of compounded Flexeril/Flurbiprofen ointment #240g with one refill:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request for Flexeril/Flurbiprofen ointment #240 grams with one refill is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. Many agents are compounded as monotherapy or in combination for pain control. 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. The guidelines state that there is no evidence for use of any muscle relaxant, such as Flexeril, as a topical product. The guidelines state that topical NSAIDs, including Flurbiprofen, are indicated for osteoarthritis and tendinitis of the knee and elbow. There is no evidence to support that the injured worker has a diagnosis of osteoarthritis. The guidelines do not recommend muscle relaxants for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which it is to be applied in order to determine the necessity of the medication. The request for refills would not be indicated as the efficacy of the medication should be assessed prior to providing additional medication. Therefore the request for Flexeril/Flurbiprofen ointment #240 grams with one refill is not medically necessary.