

<b>Case Number:</b>	CM14-0142252		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with cumulative trauma at work first claimed on March 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; a wrist carpal fusion surgery in 2013; unspecified amounts of physical therapy; DNA testing; and topical compounds. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for a urine drug screen done on August 7, 2014 and denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. In a progress note dated August 7, 2014, the applicant reported 6/10 multifocal bilateral shoulder, elbow, wrist, and hand pain, ranging anywhere from 5-8/10. The applicant had had earlier drug testing on June 26, 2014, it was acknowledged. A TENS unit, wrist splinting, another drug screen, Trepadone, Theramine, tramadol, Flector, and topical compounded Fluriflex ointment were endorsed. The applicant was not working, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial urine drug screen then random if started on narcotic medication:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Urine Drug Testing (UDT)

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

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, state when the applicant was last tested, and attempt to stratify an applicant into higher or lower risk categories for which more or less frequent drug testing would be indicated. In this case, however, the attending provider did not state which drug tests and/or drug panels he intended to test for. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. The attending provider did not state that the applicant was a higher risk candidate for whom more frequent drug testing would have been indicated. The attending provider did not state why the applicant needed to be drug tested on August 7, 2014, i.e., some six weeks after the earlier drug testing of June 26, 2014. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.

**Fluriflex ointment 240gm apply to affected site three times daily, compound: 140 GRA:**  
Upheld

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

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

**Decision rationale:** One of the ingredients in the compound is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.