

<b>Case Number:</b>	CM14-0147393		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Family 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:

This is a 63-year-old male patient who reported an industrial injury to the back, knee, and right wrist on 1/31/2012, over 2 years ago, attributed to the performance of his usual and customary job tasks. The patient reports ongoing pain to the right wrist, right knee, and lower back which is constant and the same. The patient is currently working. The objective findings on examination included tenderness to palpation over the medial compartment; full active range of motion in all planes; neurovascular status intact; right knee with tenderness to palpation; 2+ crepitus; full range of motion; neurovascular intact; strength 5/5; tenderness to palpation the lower back with full flexion and extension; neurovascular intact. The diagnoses were lumbar strain; rule out disc herniation; right wrist sprain; right leg contusion with swelling and posterior popliteal pain; right wrist TFCC tear. The treatment plan included a hand surgeon consultation, additional physical therapy to the lumbar spine and right knee, and Supartz injections to the right knee for pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dicofenac/Lidocaine 3%/5%, 180g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines topical analgesics ; anti-inflammatory medications Page(s): 112-113; 22; 67-68. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pain chapter 2008 pages 128: Official Disability Guidelines (ODG) Pain chapter--topical analgesics; topical analgesics compounded;

**Decision rationale:** The prescription for compounded topical cream Dicofenac/Lidocaine 3%/5%, 180 g is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient. There is no clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. There is no documented efficacy of the prescribed topical compounded analgesics with any assessment of functional improvement. The patient is stated to have reduced pain with the topical creams, however, there is no functional assessment, and no quantitative decrease in pain documented. The use of topical NSAIDs is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDs. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period of time. The request for the topical NSAID compounded topical Dicofenac/Lidocaine 3%/5%, 180 g is not medically necessary for the treatment of the patient for the diagnosis of the chronic pain. The use of the topical gels/creams does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of compounded topical cream Dicofenac/Lidocaine 3%/5%, 180 g is not supported by the applicable evidence-based guidelines as cited above. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The prescription for compounded topical cream Dicofenac/Lidocaine 3%/5%, 180 g is not medically necessary for the treatment of the patient's chronic hand pain complaints. The prescription of compounded topical cream Dicofenac/Lidocaine 3%/5%, 180 g is not recommended by the CA MTUS, ACOEM guidelines, and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription of topical compounded cream Dicofenac/Lidocaine 3%/5%, 180 g for the treatment of chronic pain. Therefore, this request is not medically necessary.

## **Urine Tox Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--drug testing; screening for addiction; Urine drug testing

**Decision rationale:** The patient has been ordered and provided a urine toxicology screen without any objective evidence to support medical necessity. The performed test was based on policy and not medical necessity. The qualitative urine drug screen was performed/ordered as a baseline study based on office procedure for all patients without any objective evidence or rationale to support medical necessity. The screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidence-based guidelines. The diagnoses for this patient do not support the use of opioids, as they are not recommended for the cited diagnoses or prescribed medicine for chronic back, knee, and wrist pain. There is no demonstrated medical necessity for a urine toxicology screen and it is not clear the provider ordered the urine toxicology screen based on the documented evaluation and examination for chronic pain. There was no rationale to support the medical necessity of a provided urine toxicology screen based on the documented objective findings. There is no demonstrated medical necessity for the provision of a urine drug screen for this patient based on the provided clinical documentation and the medications prescribed. There were no documented indicators or predictors of possible drug misuse in the medical documentation for this patient. There is no clear rationale to support the medical necessity of opioids. There was no indication of diversion, misuse, multiple prescribers, or use of illicit drugs. There is no provided clinical documentation to support the medical necessity of the requested urine toxicology screen. There is no objective medical evidence to support the medical necessity of a comprehensive qualitative urine toxicology screen for this patient. The prescribed medications were not demonstrated to require a urine drug screen and there was no explanation or rationale by the requesting physician to establish medical necessity. The provider has requested a drug screen due without a rationale to support medical necessity other than to help with medication management. There was no patient data to demonstrate medical necessity or any objective evidence of cause. There is no provided rationale by the ordering physician to support the medical necessity of the requested urine drug screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or analgesic misuse that would require evaluation with a urine toxicology or drug screen. Therefore, this request is not medically necessary.