

Case Number:	CM14-0179163		
Date Assigned:	11/03/2014	Date of Injury:	03/08/2014
Decision Date:	12/09/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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 Emergency 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:

Patient has a reported date of injury on 3/8/2014. Mechanism of injury is reportedly being rear-ended while driving. Patient has a diagnosis of cervical sprain, thoracic sprain, lumbar sprain and R shoulder sprain. Medical reports reviewed. Last report available until 9/24/14. Patient complains of neck pain, mid back and low back pains along with R shoulder pain. Pain is up to 8/10 for low back. Pain is worsened by movement. Objective exam of cervical spine reveal tenderness to palpation to bilateral trapezius and cervical paravertebral muscles. Muscle spasms noted. Spurling positive(side not documented). Thoracic and lumbar exam is pain positive for tenderness to paravertebral region down to bilateral gluteals. Spasms noted. R shoulder with tenderness to anterior and posterior shoulder. Impingement positive.No justification or rationale was documented concerning why Urine Drug Screen or medications were ordered.No medication list was provided for review. It is unknown what medications the patient is currently on.Urine Drug Screen(7/23/14) was appropriate. No official imaging reports were provided for review.Patient has reportedly undergone physical therapy, unknown medications, chiropractic and multiple non-evidence based modalities. Independent Medical Review is for Urine toxicology screen(Retro-Performed 9/24/14), Omeprazole 20mg #60, Flurbiprofen 20%/Tramadol 20% #210g and Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% #210g Prior UR on 10/9/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Urine toxicology screen performed 9/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As per MTUS Chronic pain guidelines, drug screening may be appropriate as part of the drug monitoring process. Primary requesting physician for Urine Toxicology test does not document monitoring of CURES and asking questions concerning suspicious activity or pain contract. Patient had a recent negative UDS (urine drug screen) noted on 7/23/14, approximately 2months prior to request that was documented by provider as "appropriate". There is no documented medication list anywhere in over 6months of progress notes or records, it is not even clear if the patient is on opioids or what medication the patient is taking. Since there is no concern for abuse, unclear medications, a more recent UDS is not medically necessary.

Omeprazole 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. There is no documented medication list anywhere in over 6months of progress notes or records, it is not even clear if the patient is on NSAIDs or what medication the patient is taking. Omeprazole is not medically necessary.

Flurbiprofen 20%/Tramadol 20% 210 grams (30 day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Compound drugs

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other

approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Tramadol is not FDA approved for topical use. There is no evidence for efficacy as a topical product. This non-evidence based compounded product is not medically necessary.

Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% 210 grams (30 day supply):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Compound drugs

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 2) Dextromethorphan: There is no evidence to support the use of topical dextromethorphan. It is not FDA approved for topical application. As per MTUS guidelines, only FDA approved products are recommended.3) Amitriptyline: As per MTUS guideline, there is no evidence to support the use of a topical antidepressant. It is not FDA approved for topical application. As per MTUS guidelines, only FDA approved products are recommended. This non-evidence based compounded product is not medically necessary.