

<b>Case Number:</b>	CM13-0032415		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/12/2005
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 54 year old female, who sustained an industrial injury on 10/12/05. She has reported low back pain, bilateral leg pain and bilateral foot pain. She also complained of right shoulder pain. The diagnoses have included lumbar radiculopathy, chronic pain syndrome, lumbar disc herniation, myofascial syndrome, prescription narcotic dependence, status post lumbar disectomy 2007 and right knee internal derangement. Treatment to date has included medications, surgery, and diagnostics. Currently, as per the physician progress note, the injured worker complains of low back pain, bilateral leg pain and bilateral foot pain. She also complains of left shoulder pain from falling on it when her knee gave out on her. She stated that the low back pain and left hip pain have increased recently. The pain was rated 7-8/10 with medications and 9/10 without medications. Physical exam revealed height 5 foot 3 inches and weight of 182 pounds. The current medications included Butrans, Norco, Ibuprofen, Ativan, Colace, Fluriflex ointment, medrox patch topically, Metaxalone and Toradol. The urine drug screen dated 6/24/13 was consistent with medications prescribed. Work status was to remain off work. On Utilization Review non-certified a request for Urine Drug Screen, Refill Fluriflex Ointment, Apply Topically Tid, 180gns And Medrox Patch Topically To Right Knee/Low Back QHS, #60, noting the (MTUS) Medical Treatment Utilization Schedule : Chronic Pain Medical Treatment Guidelines, 77-80, 94 was cited, (MTUS) Medical Treatment Utilization Schedule : Chronic Pain Medical Treatment Guidelines, Topical Analgesics, 111 was cited and (MTUS) Medical Treatment Utilization Schedule : Chronic Pain Medical Treatment Guidelines, Salicylate Topicals, 105, 112-113 was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE DRUG SCREEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology and opioids Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. Despite being ordered routinely, there were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

**REFILL FLURIFLEX OINTMENT, APPLY TOPICALLY TID, 180GNS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Fluriflex contains Cyclobenzaprine and Flurbiprofen. According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. The Fluriflex had been used for several months in combination with other topical analgesics- Medrox. Since the compound above contains these topical Cyclobenzaprine, the compound in question is not medically necessary.

**MEDROX PATCH TOPICALLY TO RIGHT KNEE/LOW BACK QHS, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS Page(s): 105, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. The use of compounded agents has very little to no research to support their use. According to the MTUS guidelines, Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsacin than is medically necessary. In addition, the Medrox had been used for several months in combination with other topical analgesics Fluriflex. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore, Medrox is not medically necessary.