

Case Number:	CM14-0215055		
Date Assigned:	01/02/2015	Date of Injury:	10/29/2012
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 neck, shoulder, elbow, wrist, and arm pain reportedly associated with cumulative trauma at work first claimed on October 29, 2012. In a Utilization Review Report dated December 8, 2014, the claims administrator failed to approve request for several topical compounded medications and a retrospective urinalysis. In a prescription form dated July 18, 2014, the applicant was prescription for Norco. In an associated progress note of July 18, 2014, the applicant reported multifocal complaints of neck, shoulder, low back, hand, and elbow pain, highly variable, 7-9/10 pain. The applicant was using Norco for pain relief. The applicant was placed off of work, on total temporary disability. On August 15, 2014, the applicant was again placed off of work, on total temporary disability. Urine drug testing and physical therapy were endorsed. The topical compounds at issue were not mentioned on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 2%/Cyclobenzaprine 2% cream 120gm apply 1 to 2 grams to affected area two to three times a day.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Norco, furthermore, effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental compounded agent at issue. Therefore, the request is not medically necessary.

Ketoprofen 15%/Gabapentin 8%/Diclofenac 5%/Lidocaine 5% cream 120gm apply 1 to 2 grams to affected area two to three times a day.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Retrospective urinalysis.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing

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. ODG Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider 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, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose

context, clearly identify when the applicant was last tested, attempt to categorize the applicant into higher- or lower-risk categories for which more or less frequent testing would be indicated. Here, the attending provider did not clearly state what drug tests and/or drug panels were being tested 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 signal his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing testing. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.