

<b>Case Number:</b>	CM14-0219116		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/05/2003
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: California, Michigan

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:

This is a 76-year-old female who has reported low back pain after an injury on 7/5/03. The diagnoses have included lumbar spondylosis, radiculopathy, and myofascial pain. Treatment has included a lumbar fusion, physical therapy, a spinal cord stimulator, epidural steroid injection, facet injections, trigger point injections, and medications. The primary treating physician has prescribed Norco, Ultram, Restoril, Klonopin, and multiple topical agents chronically, as reflected in periodic reports from 2013 through December 2014. The primary treating physician reports are stereotyped and do not provide specific details regarding the use and results of the many prescribed medications. Functional assessments are lacking. Urine drug screens have been performed during regular office visits, approximately every 2-3 months. The tests include assays for a vast array of drugs, many of which have no apparent relevance to this injured worker. The 4/2/14 test was negative for the prescribed drugs, and this was not discussed by the primary treating physician. The 7/1/14 test was positive for amphetamine and morphine, negative for benzodiazepines, and was not discussed by the treating physician. The current medications under review have been prescribed chronically, with no specific discussion of the indications or results of use. Reports in 2014 refer to ongoing prescribing of Lidoderm along with Flurilido-A, and oral tramadol along with Ultraflex-G. The treating physician reports define Flurilido-A as flurbiprofen-lidocaine-amitriptyline, and Ultraflex-G as gabapentin-cyclobenzaprine-tramadol. On 12/23/14 Utilization Review non-certified a urine drug screen, Restoril 30mg # 30, Klonopin 1mg # 60, Flurilido-A, and UltraFlex-G. The Official Disability Guidelines and the MTUS were cited. The Utilization Review noted the prior, very frequent urine drug screens.

Benzodiazepines were stated to be not indicated based on prior weaning, elderly status, and chronic use. The topical compounds were not certified based on the MTUS for topical analgesics.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One urine drug screen: 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) Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction Page(s): 43, 77-80, 89, 94.

**Decision rationale:** Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids or other habituating drugs are prescribed according to the criteria outlined in the MTUS. The tests already performed included many unnecessary tests, as many drugs with no apparent relevance for this patient were assayed. The MTUS recommends random drug testing, not at office visits as has occurred in this case. The urine drug screens are performed frequently, with no specific rationale for frequent testing. The treating physician has not provided an adequate response to the prior failed drug tests. Prescribing after the failed tests did not change and there was no change in the treatment plan in response to the failed tests. Drug tests which are performed without a meaningful response from the treating physician are not indicated. Although there is a valid indication for drug testing for some patients, in this case the testing to date has not been performed or interpreted in a manner consistent with guidelines. Any additional testing is therefore not medically necessary.

**One prescription of Restoril 30 mg # 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants, Benzodiazepines Page(s): 24, 66. Decision based on Non-MTUS Citation Pain chapter, insomnia treatment

**Decision rationale:** The documentation indicates that restoril was prescribed for insomnia related to chronic pain. The treating physician has not provided a sufficient account of functional benefit from this medication. The MTUS does not recommend benzodiazepines for long-term use for any condition. The Official Disability Guidelines do not recommend benzodiazepines as first line drugs, and when they are used, they should be used for the short term only. Benzodiazepines have been prescribed chronically in this case. Drug tests were negative for

benzodiazepines, a finding not discussed by the treating physician. Benzodiazepines are not recommended for the elderly, per the FDA. Restoril is not prescribed according the MTUS and other guidelines and is not medically necessary.

**One prescription of Klonopin 1 mg # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle Relaxants, Benzodiazepines Page(s): 24, 68.

**Decision rationale:** The documentation indicates that klonopin was prescribed for several years for anxiety and on and off muscle spasm. The treating physician has not provided a sufficient account of functional benefit from this medication. The MTUS does not recommend benzodiazepines for long-term use for any condition. The Official Disability Guidelines do not recommend benzodiazepines as first line drugs, and when they are used, they should be used for the short term only. Benzodiazepines have been prescribed chronically in this case. Drug tests were negative for benzodiazepines, a finding not discussed by the treating physician. Benzodiazepines are not recommended for the elderly, per the FDA. Clonazepam is not prescribed according the MTUS and other guidelines and is not medically necessary.

**Unknown prescription of FluriLido-A: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Medications Page(s): 60, 111-113.

**Decision rationale:** The treating physician reports define Flurlido-A as flurbiprofen-lidocaine-amitriptyline. No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. There is no good evidence supporting topical antidepressants. This topical compound is not medically necessary based on the MTUS and the reasons cited above.

**Unknown prescription of Ultraflex-G: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60, 111-113.

**Decision rationale:** The treating physician reports define Ultraflex-G as gabapentin-cyclobenzaprine-tramadol. No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical gabapentin and cyclobenzaprine are not recommended per the MTUS citation above. The injured worker is already prescribed oral tramadol, making a topical formulation not only unorthodox and experimental, but also redundant and potentially toxic. This topical compound is not medically necessary based on the MTUS and the reasons listed above.