

<b>Case Number:</b>	CM15-0011741		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	02/20/2009
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old male, who sustained an industrial injury on 2/20/09. He has reported injury to his head after falling. The diagnoses have included brachial plexus lesions, brachial neuritis/radiculitis, cervical muscle spasm, cervical radiculopathy and cervical sprain/strain. Treatment to date has included medications, diagnostics, physical therapy and chiropractic. Currently, the injured worker complains of neck and bilateral arm pain. He rates the pain as moderate and 3-4/10. Physical exam revealed decreased range of motion to cervical spine. Magnetic Resonance Imaging (MRI) dated 2/4/12 of left shoulder revealed full thickness tear in rotator cuff and joint effusion. The injured worker continued to complain of stiffness, numbness and burning in shoulders and neck. He previously received therapeutic exercise; massage and release trigger points with relief of pain. Treatment was medication for pain relief. On 1/12/15 Utilization Review non-certified a request for Urine toxicology screen and confirmations, Pantoprazole 20mg #60, Flurbiprofen/Tramadol in mediderm base 30gm, and Gabapentin/Dextromethorphan/Amitriptyline in mediderm base 30gm, noting that confirmatory urine drug testing only be performed on inconsistent results times 1 being medically necessary and appropriate. Regarding the Pantoprazole 20mg #60, it is not medically necessary and appropriate as there was no documentation of failed trials of Y drugs in this class. Regarding the Flurbiprofen/Tramadol in mediderm base 30gm, and regarding the Gabapentin/Dextromethorphan/Amitriptyline in mediderm base 30gm, there was no documented evidence that oral pain medications were insufficient to alleviate the pain symptoms. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology screen and confirmations:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing

**Decision rationale:** This patient presents with neck and bilateral arm pain. The treater is requesting URINE TOXICOLOGY SCREEN AND CONFIRMATION. The RFA was not made available for review. The patient's date of injury if from 02/20/2009 and his current work status was not made available. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The urine drug screen from 10/03/2014 show consistent results to prescribed medications. While the treater does not discuss the patient's "risk assessment," the ODG guidelines recommend once yearly urine drug screen and a follow up for a total of two per year. The request is within the ODG guidelines and IS medically necessary.

**Pantoprazole 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton Pump Inhibitors

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

**Decision rationale:** This patient presents with neck and bilateral arm pain. The treater is requesting PANTOPRAZOLE 20 MG QUANTITY 60. The RFA was not made available for review. The patient's date of injury if from 02/20/2009 and his current work status was not made available. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: -1- age > 65 years; -2- history of peptic ulcer, GI bleeding or perforation; -3- concurrent use of ASA, corticosteroids, and/or an anticoagulant; or -4- high dose/multiple NSAID -e.g., NSAID + low-dose ASA-. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The medical records show that the patient was prescribed Pantoprazole on 09/29/2014. The 12/22/2014 report notes that Pantoprazole was being prescribed to protect the stomach. None of

the reports discuss gastrointestinal events or issues. In this case, the routine use of PPI is not supported by the MTUS guidelines. The request IS NOT medically necessary.

**Flurbiprofen/Tramadol in mediderm base 30gm: Upheld**

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

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

**Decision rationale:** This patient presents with neck and bilateral arm pain. The treater is requesting FLURBIPROFEN/TRAMADOL IN MEDIDERM BASE 30 GM. The RFA was not made available for review. The patient's date of injury if from 02/20/2009 and his current work status was not made available. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The medical records show that the patient was prescribed this compound cream on 09/29/2014. The patient's bilateral arm pain is not arthritic and is neuropathic in nature. In this case, the patient does not meet the MTUS guidelines for use of this topical cream. The request IS NOT medically necessary.

**Gabapentin/Dextromethorphan/Amitriptyline in mediderm base 30gm: Upheld**

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

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

**Decision rationale:** This patient presents with neck and bilateral arm pain. The treater is requesting GABAPENTIN/DEXTROMETHROPHAN AMITRIPTYLINE IN MEDIDERM BASE 30 GM. The RFA was not made available for review. The patient's date of injury if from 02/20/2009 and his current work status was not made available. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." The medical records show that the patient was prescribed this compound cream on 09/29/2014 to decrease pain and inflammation. However, Gabapentin is currently not

supported in topical formulation based on the MTUS guidelines. The request IS NOT medically necessary.