

Case Number:	CM15-0013546		
Date Assigned:	01/30/2015	Date of Injury:	05/27/2010
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/22/2015

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: North Carolina
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 male, who sustained an industrial injury on 05/27/2010. On provider visit dated 11/19/2014, the injured worker has reported neck pain and low back pain. On examination the injured worker was noted to have a decreased range of motion in the cervical and lumbar spine, tenderness to palpation of cervical and lumbar paravertebral muscles, bilateral SI joints and bilateral trapezii muscles. The diagnoses have included cervical sprain/strain and lumbar sprain/strain. Treatment plan included a urinalysis on 11/19/2014, tramadol, compound medication: Gaba 10%/Amitropt10%/Bupivaine 5% in cream base #30gm and compound medication: MPHCCI Flurbi 20%/Baclo 5%/Dexameth 2%/ Menth 2%/ Camph 2%/ Capsaicin 0.025% in cream base #30 gm. On 12/24/2014 Utilization Review non-certified urine tox screen for medication compliance, compound medication: Gaba 10%/Amitropt10%/Bupivaine 5% in cream base #30gm and compound medication: MPHCCI Flurbi 20%/Baclo 5%/Dexameth 2%/ Menth 2%/ Camph 2%/ Capsaicin 0.025% in cream base #30 gm. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and non MTUS 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 for medication compliance, collected on 11/19/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction and Substance abuse (tol. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The request is for a urine specimen toxicology screen. The California MTUS does recommend urine drug screens for patients on opioid therapy. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. The included progress notes do indicate the patient is on chronic opioid therapy in the form of Ultram. Periodic and random drug screening is recommended in patient's who are on opioid therapy per the California MTUS. Therefore criteria for a urine drug screen have been met and the request is certified.

Compound medication: Gaba 10%/Amitript 10%/Bupivacaine 5% in cream base #30 gm, dispensed on 11/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound topical medications.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains multiple ingredients such as gabapentin, which are not recommended for topical use per the California MTUS. When a compound contains one ingredient that is not recommended, the entire compound is not recommended per the California MTUS. Therefore the request is not certified.

Compound medication: MPHCCI Flurbi 20%/Baclo 5%/Dexameth 2%/ Menth 2%/ Camph 2%/ Capsaicin 0.025% in cream base #30 gm, dispensed on 11/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound topical medications.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains multiple ingredients such as menthol, which are not recommended for topical use per the California MTUS. When a compound contains one ingredient that is not recommended, the entire compound is not recommended per the California MTUS. Therefore the request is not certified.