

Case Number:	CM15-0015908		
Date Assigned:	02/03/2015	Date of Injury:	08/28/2012
Decision Date:	03/27/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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 37-year-old female, who sustained an industrial injury on 8/26/2012. The diagnoses have included possible lumbar discogenic/possible lumbar facet pain at L4-5 and L5-S1/possible lumbar sprain/strain, and constant right lumbosacral radicular pain at L5-S1. Treatment to date has included physical therapy, medications, modified activity, surgical intervention and chiropractic. Magnetic resonance imaging (MRI) (undated) showed a rotator cuff tear. She underwent right shoulder arthroscopy on 4/24/2013 with postoperative physical therapy. Magnetic resonance imaging (MRI) of the lumbar spine dated 3/22/2013 showed a 2.7mm left paracentral disc protrusion at L5-S1 that abuts the thecal sac and produces left neuro foraminal narrowing. There is a posterior annular tear. There is a Tarlov/perineural cyst at S1 and straightening of the lumbar lordosis which may be due to myospasms. EMG (electromyography)/NCV (nerve conduction studies) dated 10/01/2014 revealed possible L4-5 radiculopathy. Currently, the IW complains of persistent low back pain with radiating right lower extremity pain. She reports 90% improved right shoulder pain status post surgery. Objective findings included mild tenderness to the cervical spine. There is midline tenderness from L4-S1. There is bilateral lumbar facet tenderness and positive straight leg raise test at 60 degrees and facet loading test is positive. On 1/09/2015 Utilization Review non-certified a request for Flurbiprofen/Lidocaine/Amitriptyline (Flulido-A); Gabapentin/Cyclobenzaprine/Tramadol (Ultraflex-G), conditionally non-certified a request for a caudal epidural block with right L5 transforaminal block using fluoroscopy and follow-up evaluation with a pain specialist and modified a request for a urine drug screen noting that the clinical information submitted for

review fails to meet the evidence based guidelines for the requested services. The MTUS and ODG were cited. On 1/27/2015, the injured worker submitted an application for IMR for review of Flurbiprofen/Lidocaine/Amitriptyline; Gabapentin/Cyclobenzaprine/Tramadol (Ultraflex G); urine drug screen for qualitative analysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurido-A (Flurbiprofen/Lidocaine/Amitriptyline): 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 based on Non-MTUS Citation Official disability guidelines Pain chapter, Topical analgesics

Decision rationale: The patient presents with unrated right shoulder pain which radiates into the right upper extremity improved 90 percent following recent shoulder surgery. Patient also complains of unrated persistent axial type of lower back pain, described as sharp and aching. The patient's date of injury is 08/28/12. Patient is status post unspecified right shoulder arthroscopic rotator cuff repair on 04/24/13, has no documented surgical intervention directed at lower back complaint. The request is for FLURIDO-A

FLURBIPROFEN/LIDOCAINE/AMITYRPTYLINE. The RFA is dated 12/08/14. Physical examination dated 12/08/14 revealed mild tenderness upon palpation of the cervical spine, bilateral lumbar facet tenderness noted from L4 to S1, positive facet loading. Straight leg raise and Leseque's tests noted positive right at 60 degrees in addition to decreased sensation to the L5-S1 dermatome on the right side. The patient is currently prescribed Tramadol, Prilosec, Zanaflex, and Naprosyn. Diagnostic imaging included MRI of the lumbar spine dated 03/22/13 notes discopathy and 2.7mm paracentral disc protrusion at L5-S1 abutting the thecal sac producing left neuroforaminal narrowing. EMG dated 10/01/14 suggests L4-L5 radiculopathy. Patient is temporarily totally disabled. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis... Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." ODG-TWC guidelines, Pain Chapter online for Topical analgesics states: "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy -tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch - Lidoderm- has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain." In regards to the requested compounded topical cream containing Flurbiprofen, Lidocaine, and Amitriptyline, the requested

cream contains ingredients which are not supported by guidelines as topical agents and progress notes do not specify where the cream is to be applied. Lidocaine is only supported in patch form, and topical NSAIDs such as Flurbiprofen are only indicated for peripheral joint arthritis/tendinitis, though progress note 12/08/14 does not describe where this cream is to be applied. MTUS guidelines indicate that any compounded medication which contains an unsupported ingredient is not substantiated. Therefore, the request IS NOT medically necessary.

Ultrflex-G (Gabapentin/Cyclobenzaprine/Tramadol): 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 based on Non-MTUS Citation Official disability guidelines Pain chapter, Topical analgesics

Decision rationale: The patient presents with unrated right shoulder pain which radiates into the right upper extremity improved 90 percent following recent shoulder surgery. Patient also complains of unrated persistent axial type of lower back pain, described as sharp and aching. The patient's date of injury is 08/28/12. Patient is status post unspecified right shoulder arthroscopic rotator cuff repair on 04/24/13, has no documented surgical intervention directed at lower back complaint. The request is for Ultrflex-G Gabapentin/Cyclobenzaprine/Tramadol. The RFA is dated 12/08/14. Physical examination dated 12/08/14 revealed mild tenderness upon palpation of the cervical spine, bilateral lumbar facet tenderness noted from L4 to S1, positive facet loading. Straight leg raise and Leseque's tests noted positive right at 60 degrees in addition to decreased sensation to the L5-S1 dermatome on the right side. The patient is currently prescribed Tramadol, Prilosec, Zanaflex, and Naprosyn. Diagnostic imaging included MRI of the lumbar spine dated 03/22/13 notes discopathy and 2.7mm paracentral disc protrusion at L5-S1 abutting the thecal sac producing left neuroforaminal narrowing. EMG dated 10/01/14 suggests L4-L5 radiculopathy. Patient is temporarily totally disabled. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. ODG-TWC guidelines, Pain Chapter online for Topical analgesics states: Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. MTUS guidelines on page 111, state that Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In regards to the requested compounded topical cream containing Gabapentin, Cyclobenzaprine, and Tramadol, the cream contains ingredients, which are not supported by MTUS guidelines as topical agents. Gabapentin, Cyclobenzaprine, and Tramadol are not supported as topical agents. Therefore, the request IS NOT medically necessary.

Urine drug screen (every 3 to 4 months) duration not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine 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: The patient presents with unrated right shoulder pain which radiates into the right upper extremity improved 90 percent following recent shoulder surgery. Patient also complains of unrated persistent axial type of lower back pain, described as sharp and aching. The patient's date of injury is 08/28/12. Patient is status post unspecified right shoulder arthroscopic rotator cuff repair on 04/24/13, has no documented surgical intervention directed at lower back complaint. The request is for URINE DRUG SCREEN EVERY 3 TO 4 MONTHS -DURATION NOT SPECIFIED-. The RFA is dated 12/08/14. Physical examination dated 12/08/14 revealed mild tenderness upon palpation of the cervical spine, bilateral lumbar facet tenderness noted from L4 to S1, positive facet loading. Straight leg raise and Leseque's tests noted positive right at 60 degrees in addition to decreased sensation to the L5-S1 dermatome on the right side. The patient is currently prescribed Tramadol, Prilosec, Zanaflex, and Naprosyn. Diagnostic imaging included MRI of the lumbar spine dated 03/22/13 notes discopathy and 2.7mm paracentral disc protrusion at L5-S1 abutting the thecal sac producing left neuroforaminal narrowing. EMG dated 10/01/14 suggests L4-L5 radiculopathy. Patient is temporarily totally disabled. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. In regards to what appears to be a prospective requests for urine drug screens to be performed every 3 to 4 months for the monitoring of this patient's medication compliance, treater has exceeded guideline recommendations. Progress notes do not discuss any risk factors, aberrant behaviors, or inconsistent urine drug screens which would necessitate more frequent screening. Therefore, the request IS NOT medically necessary.