

Case Number:	CM15-0121098		
Date Assigned:	06/25/2015	Date of Injury:	05/18/2006
Decision Date:	09/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 73 year old male with an industrial injury dated 05/18/2006. The injured worker's diagnoses include displacement of thoracic or lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, lumbar spinal stenosis, and lumbar spine sprain/strain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 02/11/2015, the injured worker reported constant severe sharp low back pain with radiation to the left lower extremity and associated numbness and tingling. The injured worker rated pain a 7/10. Objective findings revealed hypothesia at left L3-S1, decreased muscle strength in left lower extremity and tenderness with spasm. In a progress note dated 04/07/2015, the injured worker reported increased pain. Objective findings revealed that the injured worker was alert and oriented x3 and in no acute distress. Treatment plan consisted of medication management. The treating physician prescribed HMPC2, Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic Acid 0.2% in cream base, 240 grams apply 2-3 times a day, HNPC1, Amitriptyline HCl 20%/Gabapentin 10%/Bupivacaine HCl 5%/Hyaluronic Acid 0.2% in cream base, 240 grams apply 2-3 times a day, HMPC2, Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic acid 0.2% in cream base 240 grams, 30 grams 3 days' supply, HNPC, Amitriptyline HCl 105/Gabapentin 10%/Bupivacaine HCl 5%/Hyaluronic acid 0.2% in cream base 240 grams, 30 grams 3 day supply, urine test now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HMPC2 - Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic Acid 0.2% in cream base, 240 grams apply 2-3 times a day: 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 Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 73 year old male with an injury on 05/18/2006. He has back pain and left lower extremity numbness. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Baclofen which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.

HNPC1- Amitriptyline HCl 20%/Gabapentin 10%/Bupivacaine HCl 5%/Hyaluronic Acid 0.2% in cream base, 240 grams apply 2-3 times a day: 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 Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 73 year old male with an injury on 05/18/2006. He has back pain and left lower extremity numbness. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Gabapentin which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.

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Urine test time 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening/toxicology testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

Decision rationale: The patient is a 73 year old male with an injury on 05/18/2006. He has back pain and left lower extremity numbness. "Relatively weak evidence supports the effectiveness of opioid treatment agreements and urine drug testing in reducing opioid misuse by patients with chronic pain." Starrels JL, et al. Systemic Review: Treatment Agreements and Urine Drug Testing to Reduce Opioid Misuse in Patients with Chronic Pain. Ann Intern Med 2010; 152: 712-720. Also, the requested urine test is not consistent with ODG.