MAXIMUS Federal Services

Case Number:	CM15-0122579		
Date Assigned:	07/02/2015	Date of Injury:	09/14/2013
Decision Date:	08/05/2015	UR Denial Date:	05/18/2015
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: North Carolina, Georgia
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 64 year old female, who sustained an industrial injury on 9/14/2013. She reported a fall while helping an individual transfer resulting in pain in the neck, low back, including radiation to the legs and left upper extremity. Diagnoses include cervical strain with radiculopathy, thoracic sprain, lumbar sprain with radiculopathy, multilevel disc degeneration, herniated disc, spinal stenosis. Treatments to date include activity modification, medication therapy, and physical therapy.Currently, she complained of ongoing neck, mid and low back pain all rated 5/10 VAS. On 5/13/15, the physical examination documented muscle spasms throughout the back with tenderness and decreased painful range of motion. The plan of care included a topical compound cream Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/ Camphor 2%/Capsaicin 0.025% 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Camphor 2% Capsaicine 0.025% 240grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Muscle relaxers such as baclofen in topical formulation are not indicated for topical use in the CA MTUS. Therefore, Flurbiprofen 20%/Baclofen 5%/dexamethasone 2%/Camphor 2%/Capsaicin 0.025% is not medically necessary and the original UR decision is upheld.

Gabapentin 10% Cyclobenzaprine 6% Bupivacaine 240 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Neither gabapentin nor muscle relaxers such as cyclobenzaprine in topical formulation are indicated for topical use in the CA MTUS. Therefore, Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine 240 grams is not medically necessary and the original UR decision is upheld.

Urine Toxicology screen with specimen collection and handling: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening.

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at

higher risk should be tested at much higher frequency, even as often as once a month. In this case, the claimant is actively prescribed two medications for which monitoring is indicated (an opiate and a benzodiazepine) and no recent screening has been performed. Urine drug screen is medically necessary.