

Case Number:	CM15-0125358		
Date Assigned:	07/09/2015	Date of Injury:	09/01/2009
Decision Date:	08/19/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	06/29/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old female with a September 1, 2009 date of injury. A progress note dated April 28, 2015 documents subjective complaints (medications are beneficial intermittently; continues to have severe epigastric pain and right flank pain; bilateral shoulder pain), objective findings (severe cervicocranial tenderness with spasm; decreased attention span; severe left orbital pain; slightly weak left hand grip; slightly weak right foot dorsiflexion; decreased sensation at the right more than left ventromedial arm and hypothenar region; decreased sensation bilaterally at the outer thighs, legs, and plantar surfaces of both feet; slight limp with right leg in all modalities of gait testing; positive Romberg test; positive Tinel's sign at the right wrist; lumbar more than cervical and interscapular tenderness; right more than left shoulder tenderness with limited ranges of motion; right more than left knee tenderness with clicking; left elbow tenderness; positive straight leg raise bilaterally; increased epigastric/right abdominal upper quadrant pain), and current diagnoses (cephalgia, muscle contraction probably; insomnia; cervical radiculopathy; lumbar radiculopathy; bilateral knee pain; right greater than left shoulder pain; left elbow pain; epigastric burning pain; abdominal distention; cognitive problems; emotional distress; intermittent overflow incontinence; severe left eye pain). Treatments to date have included imaging studies, psychotherapy, and medications. The treating physician documented a plan of care that included a urine toxicology test, Cyclobenzaprine topical cream, Flurbiprofen topical cream, and Tramadol topical cream. Prior urine drug testing was performed on 2/12/15 and 3/10/15. No problems were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one (1) urine toxicology test (DOS: 4/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine Drug Tests.

Decision rationale: MTUS Guidelines recommend periodic urine drug screens when opioids are utilized long term. The MTUS Guidelines do not provide details regarding a reasonable frequency or type of testing. ODG Guidelines provide additional details and for individuals with a low risk of abuse annual testing is considered adequate. This individual is low risk for abuse. Recent prior testing was performed on a monthly basis. Additional frequent testing is not supported by Guidelines. The Retrospective request for one (1) urine toxicology test (DOS: 4/28/15) is not medically necessary..

Retrospective request for 180gm Cyclobenzaprine 10%, Gabapentin 10% cream (DOS: 4/28/15): Upheld

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

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

Decision rationale: MTUS Guidelines are very specific stating that only FDA/Guideline supported topical agents are recommended and any compound including a non-supported agent is not recommended. The Guidelines specifically state that topical muscle relaxants (Cyclobenzaprine) and topical Gabapentin is not recommended. The retrospective request for topical 180gm Cyclobenzaprine 10%, Gabapentin 10% cream (DOS: 4/28/15) is not supported by Guidelines and is not medically necessary.

Retrospective request for 180gm Flurbiprofen 20% cream (DOS: 4/28/15): Upheld

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

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

Decision rationale: MTUS Guidelines are very specific stating that only FDA/Guideline supported topical agents are recommended and any compound including a non-supported agent is not recommended. The Guidelines do not support the use of compounded Flubiprofen and there are other topical NSAIDs that are Guideline supported. The retrospective request for compounded 180gm Flurbiprofen 20% cream (DOS: 4/28/15) is not supported by Guidelines and is not medically necessary.

Retrospective request for 180gm Tramadol 20% cream (DOS: 4/28/15): Upheld

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

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

Decision rationale: MTUS Guidelines are very specific stating that only FDA/Guideline supported topical agents are recommended and any compound including a non-supported agent is not recommended. The Guidelines do not support the use of compounded Tramadol. There is no unusual circumstances to support an exception to Guidelines as this drug acts on the central nervous system and peripheral application would not be expected to be effective. The retrospective request for compounded 180gm Tramadol 20% cream (DOS: 4/28/15) is not supported by Guidelines and is not medically necessary.