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| Case Number: | CM15-0136276 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 04/10/2013 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 06/15/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

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, Pain Management

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 59 year old female with an industrial injury date of 04-10-2013. Review of the medical records indicates she is being treated for right ankle sprain-strain, left ankle sprain-strain. Subjective complaints according to a note dated 05-06-2015 included bilateral ankle pain, stiffness, heaviness and weakness associated with prolonged or repetitive standing and prolonged or repetitive walking. The pain is documented as 1-2 out of 10 with medication. Physical exam (05-06-2015) findings revealed tenderness to palpation of the anterior ankle, dorsal ankle and lateral ankle. Prior treatment included ankle brace, physical therapy and anti-inflammatory medications. The injured worker had been taking Motrin since 04-01-2015, and Meloxicam, Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 240 grams and Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 240 grams (since at least 03-07-2015). The treatment request is for: Retrospective urine toxicology screen (DOS 5/6/2015), Retrospective specimen collection and handling (DOS 5/6/2015), Motrin 800 mg #60, Meloxicam 7.5 mg #30, Compound GCB: Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 240 grams, Compound FBD: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 240 grams. On 06-15-2015 the request for the treatments listed below was non-certified by utilization review: Retrospective urine toxicology screen (DOS 5/6/2015), Retrospective specimen collection and handling (DOS 5/6/2015), Motrin 800 mg #60, Meloxicam 7.5 mg #30, Compound GCB: Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 240 grams, Compound FBD: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective urine toxicology screen (DOS 5/6/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, dealing with misuse & addiction, Opioids, steps to avoid misuse/addiction.

Decision rationale: Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is no documentation of prescription of controlled substances. Rather the pain management program consists of non-narcotic pain medications. Given this, it is not apparent that urine drug testing is necessary and there is no extenuating factor identified that would indicate that this worker is at high risk for abuse or diversion. Given this, this request is not medically necessary.

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for this NSAID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that this medication is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Given this, the current request is not medically necessary.

Meloxicam 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Regarding the request for this NSAID, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that this medication is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Given this, the current request is not medically necessary.

Compound GCB: Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine 240grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: With regard to this request for a topical compounded cream that contains gabapentin as a component, the CPMTG does not recommend topical gabapentin. On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the topical gabapentin component is not recommended, and the entire formulation is not medically necessary.

Compound FBD: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, and Camphor 2%, Capsaicin 0.025% in cream base 240grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This topical compound consists in part of topical cyclobenzaprine. Regarding the request for topical cyclobenzaprine, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Furthermore, the same guidelines specify that if one component of a compounded medication is not recommended, then the entire formulation is not recommended. Given these guidelines, this request is not medically necessary.

Retrospective specimen collection and handling (DOS 5/6/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, dealing with misuse & addiction.

Decision rationale: The specimen collection handling process is part of urine drug testing. Regarding the request for a urine toxicology test, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option in patients on controlled substances. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. There risk stratification is an important component in assessing the necessity and frequency of urine drug testing. With the documentation available for review, there is no documentation of prescription of controlled substances. Rather the pain management program consists of non-narcotic pain medications. Given this, it is not apparent that urine drug testing is necessary and there is no extenuating factor identified that would indicate that this worker is at high risk for abuse or diversion. Given this, this request is not medically necessary.