

Case Number:	CM15-0172577		
Date Assigned:	09/14/2015	Date of Injury:	12/29/2014
Decision Date:	11/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/01/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 44 year old female, who sustained an industrial injury on December 29, 2014. The injured worker was diagnosed as having cervical radiculopathy, cervical sprain and strain, thoracic radiculopathy, and thoracic sprain and strain. Treatment and diagnostic studies to date has included medication regimen, x-ray of the cervical spine, physical therapy, sleep disordered breathing respiratory diagnostic study, acupuncture, cardio-respiratory diagnostic testing, magnetic resonance imaging of the thoracic spine, magnetic resonance imaging of the cervical spine, and massage. In a progress note dated July 28, 2015 the treating physician reports complaints of "severe", frequent, stabbing pain and stiffness to the neck, "moderate", frequent, stabbing pain and stiffness to the upper and mid back. Examination performed on July 28, 2015 revealed tenderness to the thoracic paravertebral muscles. On July 28, 2015 the injured worker's current medication regimen included Diclofenac, Pantoprazole, Zolpidem, and compound creams noted below. On July 28, 2015 the injured worker's pain level to the neck was rated an 8 out of 10 and the pain level to the upper and mid back was rated a 7 out of 10, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her medication regimen. On July 28, 2015 the treating physician noted that the injured worker had "relief" from her medication, but the progress note did not indicate if the injured worker experienced any functional improvement with the use of her current medication regimen. On July 28, 2015 the treating physician requested for specimen collection and handling and urine drug testing to obtain a baseline to more accurately assess future compliance to her prescription

medications and to assess for the use of illicit drugs, Zolpidem 10mg with a quantity of 30 with 1 before bedtime for sleep difficulties, HNPC1 Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, and Hyaluronic Acid 0.2% in cream base with a quantity of 240 grams for 30 days, and HMPC2 Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, and Hyaluronic Acid 0.2% in cream base with a quantity of 240 grams for 30 days noting current use of these medications. On August 06, 2015 the Utilization Review determined the request for specimen collection and handling and urine drug testing, HNPC1 Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, and Hyaluronic Acid 0.2% in cream base with a quantity of 240 grams for 30 days, HMPC2 Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, and Hyaluronic Acid 0.2% in cream base with a quantity of 240 grams for 30 days, and Zolpidem 10mg with a quantity of 30 with 1 before bedtime for sleep difficulties to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specimen collection and handling and Urine Drug Testing: 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.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a urine drug screen for this patient. The clinical records submitted do not support the fact that this patient has been documented to have a positive drug screen for illicit or non-prescribed substances. The MTUS guidelines recommend frequent and random urine drug screens where aberrant behavior is suspected. This patient has not been documented to have suspicion of aberrant behavior. Their pain is documented as moderately controlled and the patient does not have a documented history of opioid addiction. Therefore, based on the submitted medical documentation, the request for drug screening is not medically necessary.

HNPC1 Amitriptyline HCL 10%/ Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in cream base #240 grams/30 days: 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): Medications for chronic pain, Topical Analgesics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. Per the California MTUS Chronic Pain guidelines, topical analgesics are not recommended as an option for chronic pain control and are largely experimental in use with few randomized control trials to determine efficacy or safety. Any

compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. The requested cream is a combination of multiple medications including: Amitriptyline HCL 10%/ Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in a cream base. Compounded medications are not FDA approved or recommended by ODG guidelines due to concerns of purity and efficacy. Hence the request for this compounded medication is not appropriate or indicated by MTUS and ODG guidelines. Therefore, based on the submitted medical documentation, the request for Amitriptyline HCL 10%/ Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in cream base is not medically necessary.

HMPC2 Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2% Hyaluronic Acid 0.2% in cream base #240 grams/30 days: 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): Medications for chronic pain, Topical Analgesics.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. Per the California MTUS Chronic Pain guidelines, topical analgesics are not recommended as an option for chronic pain control and are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. The requested cream is a combination of multiple medications including Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2% Hyaluronic Acid 0.2% in a cream base. Compounded medications are not FDA approved or recommended by ODG guidelines due to concerns of purity and efficacy. Hence the request for this compounded medication is not appropriate or indicated by MTUS and ODG guidelines. Therefore, based on the submitted medical documentation, the request for Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2% Hyaluronic Acid 0.2% in cream base is not medically necessary.

Zolpidem 10mg #30 1 before bedtime for sleep difficulties: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Zolpidem.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this medication. Per the Official Disability Guidelines (ODG), "zolpidem is not recommended for long-term use." The clinical records submitted do support the fact that this patient has a remote history of insomnia. However, the records do not

support the long term use of this medication for that indication. Specifically, the patient's most recent clinical encounters do not document signs or symptoms of current insomnia. The patient's prior episodes of insomnia have been correlated with chronic pain. Zolpidem is not indicated for that use. Therefore, based on the submitted medical documentation, the request for zolpidem is not medically necessary.