

<b>Case Number:</b>	CM15-0173597		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Texas, Florida, 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:

The injured worker is a 47 year old male, who sustained an industrial injury on 10-23-2013. The injured worker was diagnosed as having cervical radiculitis, thoracic sprain-strain, and left shoulder sprain-strain. Treatment to date has included diagnostics, acupuncture, chiropractic, physical therapy, and medications. On 7-01-2015, the injured worker complains of constant cervical pain (rated 8 out of 10), frequent thoracic pain (rated 8 out of 10), and constant left shoulder pain (rated 7 out of 10). Exam of the cervical spine noted tenderness to palpation of the bilateral trapezii and cervical paraspinal muscles and muscle spasm of the cervical paravertebral muscles. Exam of the thoracic spine noted "decreased and painful" range of motion, tenderness to palpation of the paravertebral muscles, and muscle spasm of the thoracic paravertebral muscles. Exam of the left shoulder noted "decreased and painful" range of motion and tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder. The treatment plan included continued use of prescribed medication (unspecified). He was dispensed topical compounded creams and underwent urine screening to rule out medication toxicity. His work status remained total temporary disability. A previous progress report (6-03-2015) documented pain levels in the cervical and thoracic spines as 8 out of 10 and noted prescriptions for Ambien, Voltaren, Fexmid, and Protonix. Previous toxicology (5-06-2015) was inconsistent with prescribed medication and did not detect Tramadol, which was noted as prescribed. Specimen validity testing was documented as "normal". On 8-06- 2015, Utilization Review non-certified the request for retrospective topical compound analgesics and urine toxicology.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: HMPC2-Flurbiprofen/Baclofen/Dexamethasone Micro/Hyaluronic acid in cream base 20%/10%/0.2%/0.2% 30gms DOS: 7/29/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, topical analgesics.

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

**Decision rationale:** This claimant was injured in 2013 with cervical radiculitis, thoracic sprain-strain, and left shoulder sprain-strain. The treatment plan included continued use of prescribed medication (unspecified). He was dispensed topical compounded creams and underwent urine screening to rule out medication toxicity. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.

**Retro: HNCP1-Amitriptyline HCL/Gabapentin/BupivacaineHCL/Hyaluronic Acid in cream base 10%/10%/5%/0.2% 30 gms DOS: 07/29/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, topical analgesics.

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

**Decision rationale:** As shared previously, this claimant was injured in 2013 with cervical radiculitis, thoracic sprain-strain, and left shoulder sprain-strain. The treatment plan included continued use of prescribed medication (unspecified). He was dispensed topical compounded creams and underwent urine screening to rule out medication toxicity. As previously noted, the

MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.

**Retro: Urine toxicology screen and confirmation with specimen collection and handling**  
**DOS: 7/29/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine Toxicology.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** This claimant was injured in 2013 with cervical radiculitis, thoracic sprain-strain, and left shoulder sprain-strain. The treatment plan included continued use of prescribed medication (unspecified). He was dispensed topical compounded creams and underwent urine screening to rule out medication toxicity. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. Moreover, urine drug testing does not determine clinical toxicity, the medical history and physical examination does. The request is not medically necessary under MTUS criteria.