

<b>Case Number:</b>	CM15-0028357		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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:

This 52 year old female sustained a work related injury on 11/28/2012. According to a progress noted dated 12/10/2014, the injured worker complained of cervical spine pain, lumbar pain, left shoulder pain and left wrist pain. Diagnoses included cervical dysfunction, cervical sprain/strain, cervicgia, lumbar disc protrusion, lumbar myalgia, left shoulder muscle spasm, left shoulder pain, left shoulder sprain/strain and left wrist pain. Treatment plan included topical analgesics; refer to urine analysis testing, request for voltage-actuated sensory nerve conduction threshold testing for the lumbar spine, acupuncture and chiropractic care. On 01/20/2015, Utilization Review non-certified Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%; Apply 3 times per day, 180 grams, urine analysis testing, Voltage-actuated Sensory Nerve Conduction Threshold (VSNCT) and Cyclobenzaprine 2%, Flurbiprofen 25%; Apply thin layer 3 times per day; 180mg. In regard to the request for topical analgesics, CA MTUS Chronic Pain Treatment Medical Guidelines were referenced. According to the Utilization Review physician, there was no clear rationale for the use of topical medications rather than the FDA approved oral forms for the injured worker. In regard to urine analysis testing, the medical records did not clarify a rationale for urine drug testing nor do they say what drugs are proposed to be tested for. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. In regard to voltage-actuated sensory nerve conduction threshold testing, the treatment is essentially experimental and is not supported by treatment guidelines. Official Disability Guidelines were referenced. The decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%; Apply 3 times per day, 180 gm:** Upheld

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

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

**Decision rationale:** Regarding the request for topical Flexeril, 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.

**Urine Analysis Testing:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

**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. 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. Within the documentation available for review, it appears that the provider has requested a toxicology test in December 2014. There is documentation that the patient is on controlled substances, or of any risk stratification to determine the appropriate interval. Therefore, the currently requested urine toxicology test is not medically necessary.

**Voltage-actuated sensory nerve conduction threshold (VsNCT):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter & Neck Chapter, Current perception threshold (CPT) testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Quantitative sensory threshold (QST) testing and Current perception threshold (CPT) testing, Nerve Conduction Studies.

**Decision rationale:** Regarding the request for voltage actuated sensory nerve conduction, California MTUS does not address the issue. ODG cites that this type of testing is not recommended since it is considered experimental or investigational, as there are no quality published studies to support any conclusions regarding the effects of this testing on health outcomes. Furthermore, any sensory nerve testing outside of convention NCS measurement of sensory nerve action potential is not standard of care. In light of the above issues, the currently requested voltage actuated sensory nerve conduction is not medically necessary.

**Cyclobenzaprine 2%, flurbiprofen 25%; Apply thin layer 3 times per day; 180 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs).

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

**Decision rationale:** Regarding the request for topical Flexeril, 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 of Cyclobenzaprine & flurbiprofen is not medically necessary.