

<b>Case Number:</b>	CM15-0063831		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: New York

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female, who sustained an industrial injury on 07/31/2013. Diagnoses have included cervical spine and lumbosacral musculoligamentous sprain/strain with radiculitis, thoracic spine musculoligamentous sprain/strain, lumbar spine disc protrusions, bilateral shoulder impingement syndrome and bilateral knee sprain/strain. Treatment to date has included physical therapy, acupuncture, chiropractic treatment and medication. According to the progress report dated 03/05/2015, the injured worker complained of headache, neck pain, mid/upper back pain, lower back pain, bilateral shoulder/arm pain and bilateral knee pain. Objective findings revealed tenderness and restricted range of motion in the neck, back and bilateral shoulders/arms. Authorization was requested for urine toxicology, transportation, acupuncture of the lumbar spine two times a week for six weeks, Flurbi (NAP) cream and Gabacyclotram cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests) Page(s): 90-91. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Urine Drug Testing (UDTs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.

**Transportation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg chapter - Transportation (to & from appointments).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation.

**Decision rationale:** According to the Official Disability Guidelines, transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, there was no documentation of a significant functional deficit upon examination. There was tenderness to palpation noted over multiple body parts with decreased range of motion of the cervical spine, lumbar spine, and bilateral shoulders. There was no mention of a contraindication to self-transportation. There was also no mention of a contraindication to public transportation. The medical necessity has not been established. As such, the request is not medically necessary at this time.

**Acupuncture, Lumbar Spine, 2 times weekly for 6 weeks (12 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical

rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The request for 12 sessions of acupuncture exceeds guideline recommendations. As such, the request is not medically necessary.

**Flurbi NAP cream - LA Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5%, Qty 180 gm:**  
Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing flurbiprofen would not be supported. Lidocaine is not recommended in the form of a cream, lotion, or gel. There was also no frequency listed in the request. As such, the request is not medically necessary.

**Gabacyclotram - Gabapentin 10%/ Cyclobenzaprine 5%/ Tramadol 10%, Qty 180 gm:**  
Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. Muscle relaxants are also not recommended as a topical product. There was no frequency listed in the request. Given the above, this request is not medically necessary.