

Case Number:	CM15-0064342		
Date Assigned:	04/20/2015	Date of Injury:	11/07/2014
Decision Date:	06/30/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 52 year old female, who sustained an industrial injury on 11/07/2014. Diagnoses include cervical spine sprain/strain, thoracic spine sprain/strain, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral hand/wrist/thumb sprain/strain, left upper extremity radiculitis, anxiety, depression and insomnia. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), physical therapy and medications. Per the hand written Primary Treating Physician's Progress Report dated 3/11/2015, the injured worker reported cervical spine pain rated as 8/10, thoracic spine pain rated as 4/10, right and left shoulder pain rated as 7/10, right elbow pain as 6/10, left elbow pain as 7/10, right wrist pain as 4/10, left wrist pain as 6/10, right hand pain as 5/10 and left hand pain as 6/10. Pain is improved with medications and therapy. He reported increased stress, anxiety and depression and insomnia. Physical examination of the shoulders revealed tenderness to the left subacromial space and left rotator cuff. There was positive Neer's and Hawkin's test. The plan of care included, and authorization was requested for, physical therapy, topical medications including Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin/Hyaluronic acid, and Dextromethorphan/Gabapentin/Bupivacaine/Camphor/Menthol/Hyaluronic acid, a urine toxicology screen, medications including Cyclobenzaprine, Naproxen Sodium and Omeprazole and multiple laboratory evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Dexamethasone 0.2%/Menthol 2%/Camphor 2%/Capsaicin .025%/Hyaluronic acid 0.2%: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 20%/Baclofen 5%/Dexamethasone 0.2%/Menthol 2%/Camphor 2%/Capsaicin .025%/Hyaluronic acid 0.2% is not medically necessary.

Dextromethorphan 10%/Gabapentin 10%/Bupivacaine 5%/Camphor 2%/Menthol 2%/Hyaluronic acid 0.2%: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Dextromethorphan 10%/Gabapentin 10%/Bupivacaine 5%/Camphor 2%/Menthol 2%/Hyaluronic acid 0.2% is not medically necessary.

Urine Toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine toxicology screen is not medically necessary.

CYP 2c19, CYP 2C9, CYP 2D6, CYP 3A4/3A5, VKORC1, Factor II, Factor V, Mthfr:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

Decision rationale: The ACOEM Practice Guidelines do not recommend laboratory testing as a technique to identify or define cervical pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. For most cases, special studies are usually not needed until after a period of conservative care and observation. Most problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous condition or of referred pain. CYP 2c19, CYP 2C9, CYP 2D6, CYP 3A4/3A5, VKORC1, Factor II, Factor V, Mthfr is not medically necessary.