

Case Number:	CM15-0064873		
Date Assigned:	04/13/2015	Date of Injury:	07/01/2013
Decision Date:	05/18/2015	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: Pennsylvania
 Certification(s)/Specialty: Internal 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 55 year old male who sustained an industrial injury on 7/1/2013. He reported injury of the right wrist/hand. The injured worker was diagnosed as having hand arthropathy, repair of hand, fingers or wrist, and status post surgery of right wrist. Treatment to date has included medications and surgery. On 9/24/2014, he reports right wrist/hand pain to be 5/10 with radiation to the right shoulder. Work status was modified with restrictions. On 11/5/2014, he rated his right wrist pain as 6/10. On 1/28/2015, he had complaint of right wrist pain rated 6/10. On 3/11/2015, he had complaints of right wrist pain he rated as 6/10, and reported pain radiating into the right shoulder. Examination of the right wrist showed no bruising, swelling, atrophy or lesion; there was decreased painful range of motion. Work status was modified with restrictions. The treatment plan included: Tylenol #3, topical cream: Flurbiprofen/Baclofen/Desamethasone/Capsaicin, topical cream: Gabapentin/Amitriptyline/Bupivacaine, and a urine drug screen. The records indicate he has been utilizing Tylenol #3 since at least 9/2014. Urine drug screen collected on the date of an office visit on 1/28/15 was positive for codeine, lorazepam, and morphine. There was no documentation of prescription of lorazepam or morphine. Results of the urine drug screen were not addressed. On 4/3/15, Utilization Review (UR) non-certified requests for Tylenol with Codeine, topical cream: Flurbiprofen/Baclofen/Desamethasone/Capsaicin, topical cream: Gabapentin/Amitriptyline/Bupivacaine, and a urine drug screen. UR modified a request for flector patches with approval for a maximum of 12 weeks. UR cited the MTUS and a medical journal article.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches: 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 topical analgesics Page(s): 111-113.

Decision rationale: Flector patches contain diclofenac, a NSAID. Per the MTUS, topical non-steroidal anti-inflammatory medications (NSAIDs) for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. Topical NSAIDs are not recommended for neuropathic pain. The only FDA approved topical NSAID is voltaren gel (diclofenac). The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. The treating physician has also prescribed flurbiprofen, another NSAID, in topical form, which is duplicative and potentially toxic. Due to unstated quantity requested and potential for toxicity, the request for flector patches is not medically necessary.

Tylenol with codeine: 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 opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic hand and wrist pain. Tylenol with codeine has been prescribed for at least 5 months. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. No opioid contract or functional goals were discussed. The injured worker was noted to be working with restrictions; no decrease in work restrictions as a result of use of tylenol with codeine were noted. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain scores remain unchanged over several months. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician

has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. One urine drug screen from January 2015 collected at the time of an office visit rather than randomly as recommended by the guidelines, was submitted. The urine drug screen was noted to be positive for codeine, lorazepam, and morphine; however, lorazepam and morphine were not noted as prescribed medications, and the results of this urine drug screen were not discussed or addressed. As currently prescribed, tylenol with codeine does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Topical cream: Gabapentin, amitriptyline, bupivacaine,: 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 medications for chronic, topical analgesics Page(s): 60, 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no documentation of neuropathic pain or of trial and failure of anticonvulsants or antidepressants. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. As this compound contains a drug which is not recommended, the compound is not recommended. As such, the request for Topical cream: Gabapentin, amitriptyline, bupivacaine is not medically necessary.

Topical; cream: Flurbiprofen, Baclofen, desamethasone, capsaicin: 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 medications for chronic pain, topical analgesics Page(s): 60, 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no

documentation of neuropathic pain or of trial and failure of anticonvulsants or antidepressants. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Baclofen is not recommended in topical form. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. As multiple drugs in this compounded topical medication are not recommended, the compound is not recommended. As such, the request for Topical; cream: Flurbiprofen, Baclofen, desamethasone, capsaicin is not medically necessary.

Urine drug 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 drug testing, opioids Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: This injured worker has chronic hand and wrist pain. Tylenol with codeine has been prescribed for at least 5 months. Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. No risk stratification was documented; risk stratification is necessary to determine the frequency of testing. Random collection is recommended. Results of testing should be documented and addressed. One urine drug screen from January 2015 collected at the time of an office visit rather than randomly as recommended by the guidelines, was submitted. The urine drug screen was noted to be positive for codeine,

lorazepam, and morphine; however, lorazepam and morphine were not noted as prescribed medications, and the results of this urine drug screen were not discussed or addressed. Drug tests which are performed without a meaningful response from the treating physician are not indicated. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS. The associated opioid, tylenol with codeine, as been determined to be not medically necessary. Due to lack of documentation of risk stratification for aberrant behavior, lack of discussion of the results of the recent urine drug screen, and lack of medical necessity of the associated opioid, the request for urine drug screen is not medically necessary.