

Case Number:	CM15-0074260		
Date Assigned:	04/24/2015	Date of Injury:	05/11/2010
Decision Date:	07/03/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

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: 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 57 year old male, who sustained an industrial injury on 5/11/2010. He reported injury from repetitive stress of welding/drilling and heavy lifting. The injured worker was diagnosed as having right shoulder sprain/strain and lumbar and cervical disc displacement. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 10/29/2014, the injured worker noted mildly improved pain in the neck, right shoulder and lower back. The treating physician is requesting a retrospective review of FCMC cream from 5/12/2014, Keto cream from 5/12/2014 and 3 retrospective drug screens performed 1/27/2014, 2/11/2014 and 5/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective FCMC Cream 120gram date of service 5/12/14: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical/compounded medication contains capsaicin, flurbiprofen, menthol, and camphor. This medication contains capsaicin, which is only recommended as an option in patients who have not responded or are intolerant to other treatments, per MTUS. In addition, there are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). There is no documentation of intolerance to other previous oral medications. The medical necessity of the requested compounded medication was not established. The requested topical analgesic compound was not medically necessary.

Retrospective prescription for Keto cream 120gm date of service 5/12/14: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there is no documentation of intolerance to other previous oral medications. Ketoprofen was not FDA approved for a topical application, and has an extremely high incidence of photocontact dermatitis. Medical necessity for the requested topical Ketoprofen cream was not established. The requested topical cream was not medically necessary.

Retrospective Drug Screening date of service 1/27/14: Upheld

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

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

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, this was not found to be medically necessary. The documentation indicates the claimant was not maintained on any opiate medications during this time. There was no specific indication for the requested urine drug screen. Medical necessity for the requested item was not established. The requested item was not medically necessary.

Retrospective Drug Screening date of service 2/11/14: Upheld

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

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

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, this was not found to be medically necessary. The documentation indicates the claimant was not maintained on any opiate medications during this time. There was no specific indication for the requested urine drug screen. Medical necessity for the requested item was not established. The requested item was not medically necessary.

Retrospective Drug Screening date of service 5/27/14: Upheld

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

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

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, this was not found to be medically necessary. The documentation indicates the claimant was not maintained on any opiate medications during this time. There was no specific indication for the requested urine drug screen. Medical necessity for the requested item was not established. The requested item was not medically necessary.