

Case Number:	CM15-0077940		
Date Assigned:	04/29/2015	Date of Injury:	02/27/2014
Decision Date:	06/24/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, 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 53 year old male, who sustained an industrial injury on 2/27/14. The injured worker has complaints of constant severe neck tight, radiating, constant severe low back sharp, numb and increase in tension, nervousness, poor concentration, headaches, sleeplessness, fatigue and irritability and anxiety. The documentation noted on cervical spine examination there was pain in all planes and tenderness to palpation over the upper trapezius, rhomboids and levator scapulae bilaterally. The documentation noted on the lumbosacral spine there was tenderness to palpation over the Quadratus Lumborum, Erector Spinae, Latissimus Dorsi, gluteus, biceps femoris bilaterally. The diagnoses have included cervical sprain/strain with multi-level IVD; lumbar sprain/strain with multi-level IVD; radiculitis; myofascial; exposure to chemicals; lumbar retrolisthesis; cervical spine multi-level degenerative joint disease and lumbar spine multi-level degenerative disc disease. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine on 6/18/14 impression showed disc desiccation at C2-C3 down to C6-C7 with associated loss of disc height at C4-C5 and C6-C7, C3-C4 broad based posterior disc herniation which abuts the anterior aspect of the spinal cord; chiropractic treatment; physiotherapy treatment; shock wave therapy over the cervical spine and physical therapy. The request was for compound: flurbiprofen/gabapentin/cyclobenzaprine/tetracaine /hyaluronic acid 120gm #1 and urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Flurbiprofen/Gabapentin/Cyclobenzaprine/Tetracaine/Hyaluronic Acid
120gm #1: 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 Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen/Gabapentin/Cyclobenzaprine/Tetracaine/Hyaluronic acid #120 g, #1 Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Gabapentin is not recommended. Topical Flurbiprofen is not FDA approved for topical use. Topical cyclobenzaprine is not recommended. In this case, the injured worker's working diagnoses are cervical disc syndrome without myelopathy; cervical radiculopathy; lumbar strain/sprain; lumbar disc syndrome with radiculopathy; lumbar radiculopathy bilaterally. Subjectively, according to a January 28 2015 progress note, the injured worker was prescribed a topical compound (supra). There is no clinical indication or rationale for the topical compound. Gabapentin is not recommended. Topical Flurbiprofen is not FDA approved for topical use. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical gabapentin, cyclobenzaprine and Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen/gabapentin/cyclobenzaprine/tetracaine/hyaluronic acid is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen/Gabapentin/Cyclobenzaprine/Tetracaine/Hyaluronic acid #120 g, #1 is not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screening Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screening.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing (urinalysis) is not medically necessary. 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. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the injured worker's working diagnoses are cervical disc syndrome without myelopathy; cervical radiculopathy; lumbar strain/sprain; lumbar disc syndrome with radiculopathy; lumbar radiculopathy bilaterally. Subjectively, according to a January 28 2015 progress note, the injured worker was prescribed a topical compound (supra). The current list of medications does not include an opiate. Medications include naproxen 550 mg, Prilosec and Flexeril. There is no clinical indication or rationale for urine drug toxicology screen. There is no risk assessment in the medical record evidence of aberrant drug-related behavior, drug misuse or abuse. Consequently, absent clinical documentation with a prescription for opiates and a clinical indication or rationale for urine drug screen (based on the current list of medications), a risk assessment and evidence of aberrant drug-related behavior, urine drug testing (urinalysis) is not medically necessary.