

<b>Case Number:</b>	CM15-0096560		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Pediatrics, 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 38 year old male, who sustained an industrial injury on 08/20/2012. He has reported subsequent neck and low back pain radiating to the bilateral lower extremities with numbness and tingling and was diagnosed with lumbar discopathy with disc displacement, lumbar radiculopathy, cervical musculigamentous injury and sacroiliac arthropathy. Treatment to date has included medication. The only documentation submitted consists of PR2 reports dated 09/19/2014 and 03/26/2015. During the 03/26/2015 office visit, the injured worker complained of persistent cervical and lumbar spine pain. Low back pain radiated to the bilateral lower extremities and was associated with numbness and tingling. Objective findings were notable for tenderness to palpation of the cervical and lumbar paraspinal musculature, decreased range of motion of the cervical and lumbar spine secondary to pain and stiffness, positive supine straight leg raise at 20 degrees bilaterally and decreased sensation to light touch and pinprick at the bilateral S1 dermatomal distribution. Work status was temporarily totally disabled. The physician noted that topical cream would be prescribed to directly target pain associated with inflammation and spasm, a urine toxicology screen was being requested in 60-90 days to assist in monitoring adherence to a prescription drug regimen and diagnose any potential aberrant drug related behavior. A request for authorization of a prescription of Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream #15 gm and #30 gm, one urine toxicology testing, one on site collection/off-site confirmatory analysis using high complexity laboratory test protocols including: GC/MS, LC/MS and Elisa technology was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% topical cream #15gm and #30gm: Upheld**

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

**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. In this case, the topical analgesic contains Flurbiprofen, Menthol, Camphor and Capsaicin. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. There is a lack of documentation that the injured worker is intolerant of other treatments. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Since the guidelines do not recommend several of the ingredients, there is no medical necessity for this compound. The requested topical medication is not medically necessary.

**One (1) urine toxicology testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine Drug Testing.

**Decision rationale:** As per CA MTUS guidelines, for ongoing management of patients prescribed opioid medication, random frequent urine drug screens is one step to avoid misuse of opioids, especially for those at high risk of abuse. As per ODG, urine drug testing is recommended to monitor compliance with prescribed medication, identify the use of undisclosed substances and identify possible diversion. Urine drug testing is recommended at the start of treatment in a new patient who is already taking a controlled substance, when chronic opioid management is considered, in cases where a patient asks for a specific drug, if the patient has a positive or at risk addiction screen, or if aberrant behavior or misuse is suspected or detected. There is no indication that the injured worker was currently prescribed any opioid medications nor was there evidence of drug misuse, abuse or dependence in the submitted

documentation. There is no indication that the injured worker was asking for a specific drug or that there was a history of substance abuse or a positive risk screen addiction. The documentation is insufficient to establish the medical necessity of the requested service. Therefore, the request for urine toxicology is not medically necessary.

**One (1) on-site-collection/off-site confirmatory analysis using high-complexity-laboratory test protocols including: GC/MS, LC/MS and Elisa technology: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine Drug Testing.

**Decision rationale:** As per CA MTUS guidelines, for ongoing management of patients prescribed opioid medication, random frequent urine drug screens is one step to avoid misuse of opioids, especially for those at high risk of abuse. As per ODG, urine drug testing is recommended to monitor compliance with prescribed medication, identify the use of undisclosed substances and identify possible diversion. Confirmatory drug testing such as gas chromatography/mass spectrometry (GC/MS) or liquid chromatography tandem mass spectrometry (LC/MS/MS) is used to allow for identification and quantification of specific drug substances and is particularly important when results of a test are contested. ODG further indicates that when the point of collection screen is consistent with the prescribed drugs and there is no evidence of non-prescribed substances, confirmatory tests are generally not required. In this case, there is no documentation of an inconsistent urine drug screen, which would require confirmatory testing, nor does the documentation submitted support the need for a urine toxicology screen. Therefore, the request is not medically necessary.