MAXIMUS Federal Services

Case Number:	CM13-0018799		
Date Assigned:	10/11/2013	Date of Injury:	04/25/2009
Decision Date:	04/17/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/30/2013

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. The expert reviewer is Board Certified in Occupational Medicine has a subspecialty in Preventive Medicine and is licensed to practice in New York, North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Employee with CRPS in the left hand, originally injured 4/25/2009, whose provider is requesting ketoprofen, gabapentin, and lidocaine, in addition to random urine drug screening. He has been authorized to use Norco 10/325 mg BID prn. He has left hand burning pain, accompanied by numbness, pins and needles, tingling and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN LOTION: 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: Dendracin lotion is a combination of methyl salicylate (18 ml/60 ml), menthol (6 ml/60 ml) and capsaicin (0.015 ml in 60 ml). Menthol is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended cannot be recommended. This compound is not approved.

RANDOM URINE DRUG SCREEN ONCE EACH QUARTER, 4 X PER YEAR: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps To Avoid Misues/Addiction,And Drug Testing Page(s): 94-95, 43.

Decision rationale: Per chronic pain treatment guidelines, urine drug screening is recommended. To avoid misuse, frequent random urine toxicology screens are recommended, in addition to several other steps, including therapy contracts, using only one pharamcy, and more. Drug testing is recommended to assess forr the use or presence of illegal drugs. The request for drug tests was denied because the one he had was as expected, and further testing was not undertaken, even though authorized. [I noted several results in the records reviewed, and they were appropriate.] He has not had signs of abuse. This is not a guarantee that he is not diverting or abusing his medication. It is reasonable for the prescriber to also be able to verify the use of the medications they have presribed. The request for drug screens is approved.

KETOPROFEN/GABAPENTIN/LIDOCAINE: 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: Any compounded product that contains at least one drug (or drug class) that is not recommended cannot be recommended. Gabapentin is not recommended topically - there is no peer-reviewed literature to support its use. Ketoprofen is not recommended - it is not currently FDA approved for topical application. This compound is not approved.