

<b>Case Number:</b>	CM13-0024564		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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, and is licensed to practice in California. 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:

The injured worker filed a claim for chronic low back pain associated with an industrial injury of December 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; referral to various specialties; and opioid therapy. In a utilization review report dated September 5, 2013, the claims administrator denied a request for several topical compounded drugs as well as a urine drug screen. In a November 19, 2013, operative report, the applicant underwent a lumbar fusion and decompression surgery at L5-S1. On May 28, 2013, the applicant was described as having chronic low back pain following spine surgery. The applicant was using Morphine, Omeprazole, Trazodone, and Theramine; it was stated, at that point in time. On December 27, 2013, the applicant was again described as using oral Norco, Colace, Prilosec, and topical Ketoflex ointment. On August 8, 2013, the attending provider ordered a urine drug screen. The applicant was given refills of TG Hot ointment, Medrox, Fluriflex, and Tylenol # 4. The attending provider did not state when the applicant was last drug tested, nor state what drug or drug panels he was testing for.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Topic Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing Topic.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines page 43 does report intermittent drug testing in the chronic pain cases, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the Official Disability Guidelines (ODG): Chronic Pain Chapter, Urine Drug Testing Topic, providers must include a complete list of medications to the request for urine drug screening test, and it should state which type of drug test or drug panel he requesting. The attending provider should also identify when the applicant was last tested. In this case, however, none of the aforementioned criteria were met. The attending provider did not state when the applicant was last tested. The attending provider did not state what drug testing and/or drug panels were being sought there. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. Therefore, the request was not medically necessary.

**TG HOT OINTMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Topic Page(s): 111.

**Decision rationale:** According to the Initial Approaches to Treatment ACOEM Practice Guidelines Chapter 3 states that oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, Tylenol No. 4, etc., effectively obviates the need for what the MTUS Chronic Pain Medical Treatment Guidelines deems as largely experimental topical agents such as the TG Hot ointment in question. Therefore, the request is not medically necessary.

**MEDROX PATCHES APPLY TOPICALLY #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, Tylenol No. 4, etc., effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems as largely experimental topical agents such as Medrox. No rationale for selection and/or ongoing

usage of the same was provided in the face of the unfavorable MTUS recommendations. Therefore, the request was not medically necessary.