

Case Number:	CM13-0024910		
Date Assigned:	11/20/2013	Date of Injury:	12/18/2012
Decision Date:	07/31/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/16/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 42 year old male with a date of injury on 12/18/2012. Subjective complaints are of pressure and pain in the low back and cervical spine. Pain with medications is 4-6/10 and without medications is 8/10. Physical exam showed normal gait, decreased lumbar range of motion, no tenderness, and negative straight leg raise test. Cervical spine had decreased range of motion, and no tenderness is present. Medications include gabapentin, Nucynta, Celexa, Lisinopril, and chondroitin/glucosamine. Submitted documentation does not show evidence of any aberrant behavior regarding his medications. Urine drugs screens are present from 9/27/2012, 11/29/2012, 12/20/2012, and 5/09/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF URINE DRUG SCREEN QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DRUG TESTING Page(s): 77, 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: CA MTUS supports using drug screening to test for illegal drugs and compliance with medication regimens. ODG recommends use of urine drug screening as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. For low risk patients of addiction/aberrant behavior, testing should be done within six months of initiation of therapy and on a yearly basis thereafter. This patient is not documented to have aberrant behavior, and has been stable on chronic medications. The patient is taking opioids, and there has been documentation of multiple previous drug screens. Therefore, the medical necessity of a urine drug screen is not medically necessary and appropriate.

PRESCRIPTION OF CIDAFLEX QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, GLUCOSAMINE (AND CHONDROITIN SULFATE) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE Page(s): 50.

Decision rationale: CA MTUS recommends glucosamine as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. For this patient the submitted documentation does not show evidence of ongoing osteoarthritis in the knee, and does not identify the intended use of this product. Therefore, the request for prescription of Cidaflex QTY: 90.00 is not medically necessary and appropriate.

PRESCRIPTION OF MEDROX PATCH QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: Medrox patches are a compounded medication that includes methyl salicylate, menthol, and capsaicin. CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Topical Salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, there is no documentation identifying any objective or subjective benefit from adding this medication. Due to Medrox not being in compliance to current use guidelines and without clear documentation of clinical improvement the requested prescription is not medically necessary.