

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0026337 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 09/22/2007 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 08/20/2013 |
| Priority: | Standard | Application Received: | 09/18/2013 |

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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 reported an injury on August 09, 2010. The mechanism of injury was not stated. Current diagnoses include status post C3 through C7 cervical discectomy and fusion in 2011, status post L5-S1 laminectomy/discectomy, left shoulder impingement, cephalgia, and constipation/diarrhea secondary to medications. The injured worker was evaluated on September 04, 2013. The injured worker reported ongoing lower back pain and left shoulder pain with complaints of nausea, constipation, and decreased appetite. Treatment recommendations included continuation of current medications and a urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND BACLOFEN, CYCLOBENZAPRINE, KETOPROFEN AND LIDOCAIN 240GM WITH ONE (1) REFILL: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any

compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Muscle relaxants are not recommended as a topical medication, as there is no evidence for the use of any muscle relaxant as a topical product. Therefore, the requested topical cream is not medically necessary.

RETROSPECTIVE URINE DRUG SCREEN (DOS: 6/26/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen and Opioids Sections Page(s): 43,77,89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug testing.

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no documentation of misuse or noncompliance of medication. There is also no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the requested urine drug screen is not medically necessary.