

Case Number:	CM13-0038635		
Date Assigned:	12/18/2013	Date of Injury:	08/30/2012
Decision Date:	04/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/25/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in New York. 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 patient is a 46-year-old male who reported an injury on 08/30/2012. The mechanism of injury occurred while restraining a student. Subsequently, the patient experienced left wrist pain characterized as constant aching, stabbing, and throbbing. His pain occasionally radiated to the left elbow and was, on average, an 8/10. Despite conservative treatment, the patient continued to experience pain. He received a left wrist surgery on 08/01/2013, to repair the left triangular fibrocartilage complex, and received a partial synovectomy involving the left radiocarpal joint as well as open repair of the left lunotriquetral ligament and ligamentum subcruentum. The patient received an appropriate course of postoperative occupational therapy; however, he continued to experience some left wrist discomfort. The patient was prescribed Nucynta, which was effective in relieving his pain, bringing his pain levels to a 2/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOXICOLOGY-URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

Decision rationale: The California MTUS/ACOEM Guidelines recommend performing a urine drug screen prior to initiating opioid therapy and if there is evidence of abuse, addiction, or poor pain control. The clinical information submitted for review did not provide any evidence that the patient was exhibiting aberrant drug behaviors. Furthermore, there is evidence that he was receiving significant pain control, decreasing his pain levels from 8/10 to 2/10, the with current medication regimen. There was a urine drug screen performed in 10/2013 that was consistent with the patient's current prescriptions, and there was no documentation of aberrant behaviors or inconsistent urine drug screens. As such, there is no indication for another urine drug screen. Furthermore, it is recommended that point of contact testing be performed in office; and therefore, the request for toxicology - urine drug screen is non-certified.

TOPICAL KETOFLEX OINTMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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: The California MTUS/ACOEM Guidelines recommend topical analgesics to treat primarily neuropathic or osteoarthritic pain. Topical Ketoflex ointment is a topical form of Ketoprofen. Guidelines state that Ketoprofen is not currently FDA-approved, as it has an extremely high incidence of photo contact dermatitis. As such, the current ointment is not indicated and the request for topical Ketoflex ointment is non-certified.