

Case Number:	CM13-0047108		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2000
Decision Date:	04/22/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 Rheumatology and is licensed to practice in Maryland. 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:

This patient is a 60 year old female with date of injury 11/1/2000. The mechanism of injury is not described in the available medical records. The patient has complained of chronic lower back pain with intermittent radiation to the legs and feet since the date of injury. Radiographic reports of imaging of the lower back are not included in the available medical records. No surgeries have been reported to this reviewer. The patient has been treated with physical therapy, chiropractic therapy and medications. There is no recent documented musculoskeletal examination or neurologic examination in the available medical records. Diagnoses included lumbar radiculopathy, chronic pain syndrome, pain related insomnia. Treatment plan and request was a urine drug screen, Trazodone, Ketoflex ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89 and 94.

Decision rationale: This 60 year old female has complained of lower back pain with intermittent leg pain since date of injury on 11/1/2000. She has been treated with physical therapy, chiropractic therapy and medications. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of this lack of documentation and per the MTUS guideline cited above, urine drug screen is not indicated as medically necessary in this patient.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TRAZADONE 50MG #60:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.UPTODATE.COM

Decision rationale: There is inadequate documentation in the available medical records regarding the use and efficacy of Trazodone in this patient. Trazodone is approved for the treatment of depression. There is no documentation of any subjective or objective findings of anxiety or depression in this patient. On the basis of this lack of medical documentation Trazodone is not indicated as medically necessary in this patient.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF KETOFLEX OINTMENT

15%/10%: Upheld

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

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

Decision rationale: Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Ketoflex ointment is not indicated as medically necessary in this patient.