

Case Number:	CM13-0051571		
Date Assigned:	12/27/2013	Date of Injury:	12/29/2006
Decision Date:	07/11/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/14/2013

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 patient is a 49-year-old who has filed a claim for lumbosacral neuritis associated with an industrial injury date of December 29, 2006. Review of progress notes indicates presence of mild to severe headaches, low back pain, and left knee pain. There are no updated physical examination findings. Findings from March 2013 showed decreased lumbar range of motion; presence of trigger points, guarding, and spasms; positive straight leg raise test bilaterally; decreased left knee range of motion with crepitus; and point tenderness superior to the patella in the midline. Patient walked with an antalgic gait favoring the left. Patient reports that the medications help, but cause dizziness. Left knee MRI dated March 16, 2013 showed mild intrasubstance degeneration of the medial meniscus. Lumbar MRI showed mild spondylosis from L2 to S1, disc desiccation at L4-5 and L5-S1, and posterior annular tear within the L4-5 and L5-S1 intervertebral discs. Treatment to date has included anti-inflammatories, opioids, muscle relaxants, antiepileptic drugs, topical analgesics, physical therapy, chiropractic therapy, Toradol and B12 injections, injections to the left knee and low back, and left knee surgery in July 2007. Utilization review from October 17, 2013 denied the requests for urine drug screen, Percocet 10/325mg #90, Lyrica 75mg #60, Colace 100mg #90, Ketoflex ointment, and Medrox patches #30. However, this was not submitted along with the patient's medical documentation.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Patient has been on chronic opioid therapy. Patient had a urine drug screen in September 17, 2013 that was negative for prescribed medications oxycodone and pregabalin, as patient reports not taking these medications everyday. There is no mention that the patient exhibits aberrant drug use/seeking behaviors. The request for a urine drug screen is not medically necessary or appropriate.

KETOFLEX OINTMENT: Upheld

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

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

Decision rationale: An online search indicates that ketoflex ointment contains ketoprofen. According to the Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photocontact dermatitis. There is no discussion concerning the need for variance from the guidelines. The request for Ketoflex ointment is not medically necessary or appropriate.

MEDROX PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Salicylate topicals, Topical analgesics Page(s): 28, 105, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates.

Decision rationale: An online search indicates that Medrox contains menthol 5%, capsaicin 0.0375%, and methyl salicylate 20%. The Chronic Pain Medical Treatment Guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, the Chronic Pain Medical Treatment Guidelines states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, the Chronic Pain Medical Treatment

Guidelines does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, the Chronic Pain Medical Treatment Guidelines states that salicylate topicals are significantly better than placebo in chronic pain. In this case, there is no documentation regarding a failure of or intolerance to first-line pain medications. Also, there is no guideline evidence showing greater efficacy of the 0.0375% preparation of capsaicin. It is unclear as to why a topical versus an oral pain medication is necessary in this patient. The request for Meedrox patches, thirty count, is not medically necessary or appropriate.