

Case Number:	CM13-0053017		
Date Assigned:	12/30/2013	Date of Injury:	11/04/2009
Decision Date:	05/16/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic low back pain, headaches, and shoulder pain reportedly associated with an industrial injury on November 4, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; muscle relaxants; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a utilization review report of October 25, 2013, the claims administrator denied a request for urine drug screen, approved a request for tramadol, denied a request for ketoprofen ointment, and approved a request for Naprosyn. The applicant's attorney subsequently appealed. In a clinical progress note of January 3, 2014, the applicant presented with multifocal neck pain, low back pain, and headaches rated 5/10. The applicant was asked to pursue drug testing. Tramadol, ketoprofen ointment, Flexeril, and Naprosyn were endorsed while the applicant was placed off of work, on total temporary disability, for additional forty-five (45) days. The urine drug testing was endorsed on this date. An earlier urine drug testing on October 15, 2013 is notable for the fact that confirmatory testing was performed, the fact that approximately ten (10) different benzodiazepine metabolites, ten (10) different antidepressant metabolites, and fifteen (15) different opioid metabolites were tested for. In an earlier note, dated October 15, 2013, the attending provider again sought authorization for drug testing. The applicant was placed off of work, on total temporary disability, and asked to continue tramadol, topical compounds, Flexeril, and Naprosyn. The applicant was depressed, it is further noted.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population. The guidelines do not establish specific parameters or a frequency with which to perform drug testing. The Official Disability Guidelines indicate that the attending provider should clearly state which drug tests and/or drug panels are being tested for and why. The attending provider should also attach the applicant's complete medication list to the request for authorization for testing. The guidelines do not recommend performing confirmatory testing outside of the emergency department drug overdose context. In this case, however, the attending provider has performed drug testing on prior urine drug screens. The attending provider did not attach the applicant's complete medication list to the request for testing. The attending provider did not clearly state which drug tests and/or drug panels he intended to test for. Since several ODG criteria for pursuit of drug testing have not seemingly been met, the request is not certified.

KETOPROFEN OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that ketoprofen is specifically not recommended for topical compound formulation purposes. The unfavorable recommendation on ketoprofen results in the entire compound's carrying an unfavorable recommendation. The guidelines indicate that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request is likewise not certified.