

Case Number:	CM13-0056323		
Date Assigned:	12/30/2013	Date of Injury:	09/08/1995
Decision Date:	04/02/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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 50-year-old female who reported an injury on 09/08/1995. The mechanism of injury was an altercation with a combative suspect. The patient reportedly sustained an injury to the low back and right shoulder. Treatment history included medications, chiropractic care, a TENS unit, trigger point injections and physical therapy. The patient's most recent objective findings included tenderness to palpation along the cervical spinal musculature with decreased range of motion secondary to pain with restricted range of motion of the right shoulder secondary to pain. The patient's medications included Lidoderm patches, C-spray, Somacin and hydrocodone. A request was made for a urine drug screen on 10/03/2013 and one C-Pain spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

A urine drug test performed on 10/3/13: 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 requested urine drug screen test for date of service of 10/03/2013 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule

recommends drug testing for patients who are at risk for illicit drug use or who exhibit symptoms of aberrant and drug-seeking behaviors. The clinical documentation submitted for review does not provide any evidence that the patient is at risk for illicit street drug use or that the patient has demonstrated any aberrant or drug-seeking behaviors. Therefore, the appropriateness of the patient's urine drug screen cannot be determined. As such, the requested 1 urine drug screen test on the date of service of 10/03/2013 is not medically necessary or appropriate.

The C-pain spray KCLT with two refills dispensed 10/3/13: 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.

Decision rationale: The requested C-Pain spray KCLT with 2 refills for the date of service of 10/03/2013 is not medically necessary or appropriate. An online search could not identify the agents of the requested pain spray. The California Medical Treatment Utilization Schedule does not recommend the use of topical analgesics as they are largely experimental, and there is little scientific evidence to support the efficacy of this type of medications. Additionally, the clinical documentation does not provide any evidence that the patient has failed to respond to first-line medications, to include over-the-counter analgesics and antidepressants and anticonvulsants. Therefore, the need to extend treatment beyond the guideline recommendations cannot be determined. As such, the requested 1 C-Pain spray KCLT with 2 refills for the date of service of 10/03/2013 is not medically necessary or appropriate.