

Case Number:	CM13-0061324		
Date Assigned:	12/30/2013	Date of Injury:	09/27/2007
Decision Date:	05/09/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 55 year old female with date of injury 9/27/07. The treating physician report dated 9/4/13 indicates that the patient presents with chronic pain affecting the left shoulder and back . The current diagnoses are: 1.Status post C3-C7 cervical discectomy and fusion 7/12/11 2.Status post L5/S1 laminectomy, discectomy surgery 3.Left shoulder impingement, partial supraspinatus tear and superior labrum anterior and posterior lesion. The utilization review report dated 11/5/13 denied the request for Valium, Medrox patches and Urine Toxicology test based on lack of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The patient presents with chronic pain affecting the cervical and lumbar spine. The current request is for Valium 5mg #30. This is a new medication request and the patient has not previously been prescribed Valium. There is documentation of cervical fusion on

7/12/11 and L5/S1 laminectomy and discectomy (unknown date). The physical examination findings state, "Extremities examinations of tenderness and range of motion is deferred." The California Medical Treatment Utilization Schedule (MTUS) guidelines state that Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The treating physician does not specify that this medication is to be used for a short-term. Recommendation is for denial.

MEDROX PATCHES: 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): 111-113.

Decision rationale: The patient presents with chronic pain affecting the cervical and lumbar spine. The current request is for Medrox Patches. The physical examination findings state, "Extremities examinations of tenderness and range of motion is deferred." The treating physician has prescribed Medrox Patches which is a compound topical analgesic with active ingredients of Methyl Salicylate 20%, Menthol 5% and Capsaicin .0375%. The California Medical Treatment Utilization Schedule (MTUS) guidelines state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that no studies have been performed on Capsaicin .0375% formulation and there is no indication that the increase over a .025% formulation would provide further efficacy. The MTUS guidelines do not support the usage of Capsaicin .0375% formulation. Furthermore, topical Nonsteroidal anti-inflammatory drugs (NSAIDs), salicylate in this case, is only supported for peripheral joint arthritis/tendinitis type of problems which this patient does not present with. Recommendation is for denial.

URINE TOXICOLOGY TEST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES PAIN PROCEDURE SUMMARY

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

Decision rationale: The patient presents with chronic cervical and lumbar pain. The current request is for a urine toxicology test. There is no documentation of the patient taking any opioids. Current medications prescribed are Zofran, Medrox patches, Valium, BCKL topical cream, and BCKKL topical cream. There is no documentation provided regarding any prior urine toxicology testing being performed. The treating physician does state, "A urine toxicology screening was performed during today's visit as the patient utilizes pain medications. Moreover, labs will be performed in three months." The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend drug testing as follows, "Recommended as an option, using a urine drug

screen to assess for the use or the presence of illegal drugs." The reviews of the reports do not show that there was any other urine toxicology in 2013. Furthermore, the patient was previously on opiates including Norco, Percocet and Fioricet. These were discontinued by 10/1/13. Given that the patient was on opiates, and the treating physician is discontinuing them, it is reasonable to obtain one urine drug screen to determine patient compliance. Recommendation is for authorization.