

<b>Case Number:</b>	CM13-0063014		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 64-year-old female who reported an injury on 10/06/2009. The mechanism of injury was not specifically stated. The patient is currently diagnosed with right shoulder rotator cuff repair, bilateral knee arthritis, left shoulder mild impingement, bilateral ankle sprain, right carpal tunnel syndrome, status post right carpal tunnel release and left hand carpal tunnel release. The patient was seen by [REDACTED] on 10/04/2013. The patient reported persistent pain with crepitation. Physical examination revealed improved range of motion, tenderness over the volar aspect of the hand, painful supination and pronation, tenderness over the forearm area, and increased grip strength on the right. Treatment recommendations included authorization for physical therapy and prescriptions for Vicoprofen and Terocin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URINE TOXICOLOGY SCREENING QTY: 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, the patient's injury was greater than 4 years ago to date, and there is no indication of noncompliance or misuse of medication. There is also no indication that this patient falls under a high-risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.

**PRESCRIPTION OF VICOPROFEN (STRENGTH UNSPECIFIED) - DISPENSED ON 10/04/2013 QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Ibuprofen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient continuously utilized this medication. Despite ongoing use, the patient continued to report multiple symptoms regarding the right hand and bilateral knees. There was no change in the patient's physical examination that would indicate functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

**PRESCRIPTION OF TEROGIN CREAM (DISPENSED ON 10/04/2013) QTY: 1.00:**  
Upheld

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

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There was no documentation of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Additionally, there was no evidence of functional improvement following the ongoing use of this medication. As such, the request is non-certified.