MAXIMUS Federal Services

Case Number:	CM13-0065419		
Date Assigned:	01/03/2014	Date of Injury:	11/10/2005
Decision Date:	06/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/13/2013

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 & 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 49 year old with an injury date on 11/10/05. Exam on 11/11/13 showed patient is a well-nourished male, showing mild distress. The patient has antalgic gait, with stiffness, and exhibits difficulty rising from sitting. There is no more recent physical examination in prior 6 months. The patient underwent urine drug screen on 5/9/13 which revealed urinary frequency with nocturia three to four times, even after reducing liquid intake at night. He has urinary urgency and occasional episodes of urge incontinence. He tried Levitra in the past with good results for his erectile dysfunction. [redacted] is requesting Dendracin cream 240gm w/s refills and retrospective urine drug screen (DOS 11/11/13). The utilization review determination being challenged is dated 1/27/13 and denies Dendracin cream because it contains ingredients not recommended by MTUS, and modifies urine drug screen by listing 19 ODG criteria to follow. [redacted] is the requesting provider, and he provided treatment reports from 4/4/13 to 11/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN CREAM 240GM WITH 5 REFILLS: 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: MTUS states topical products are largely experimental in use with few randomized controlled trials to determine efficacy or safety. MTUS also states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, dendracin contains methyl salicylate and capsaicin. Methyl salicylate, an NSAID, is indicated for peripheral arthritis/tendinits which this patient does not present with. Recommendation is for denial.

RETROSPECTIVE URINE DRUG SCREEN (DOS: 11/11/2013): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps To Avoid Opioid Misuse, Page(s): 94-95. Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine Drug Testing.

Decision rationale: The patient is on Ultram, a synthetic opiate. The request is for retrospective UDS on 11/11/13. Review of the reports does not show other UDS. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. Given the patient's Ultram use for pain, urine drug screen to monitor the patient's compliance is consistent with MTUS. Recommendation is for authorization.