

Case Number:	CM13-0068174		
Date Assigned:	01/03/2014	Date of Injury:	12/02/2010
Decision Date:	06/13/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/19/2013

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 Pain Management and is licensed to practice in Texas. 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 injured worker is a 67-year-old female who reported an injury on December 02, 2010. The Mechanism of injury was unclear in the documentation provided. The clinical note dated September 04, 2013 reported the injured worker complained of pain in the left shoulder and wrist. The physical exam noted positive left shoulder impingement with decreased sensation. The provider is requested urine drug screen as well as lidocaine patch 5%, #60, with two refills. The request for authorization was provided dated December 04, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG- TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen, Page(s): 43.

Decision rationale: The request for a Urine Drug screen is not medically necessary. The injured worker complained of pain in the left shoulder and wrist. The physical exam was positive for left shoulder impingement with decreased sensation. The California guidelines recommend drug screens as an option for using a urine drug screen to assess for the use or the presence of illegal

drugs. The Official Disability Guidelines recommend urine drug screens as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. There is no clinical documentation the injured worker had been on any opioid therapy for pain that would indicate monitoring. Therefore, the requested Urine Drug screen is not medically necessary.

LIDOCAINE PATCH 5% #60 WITH TWO REFILLS: Upheld

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

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

Decision rationale: The request for Lidocaine Patch 5%, #60, with two refills is not medically necessary. The injured worker complained of pain in the left shoulder and wrist. The physical exam noted a positive left shoulder impingement with decreased sensation. The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also note Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The guidelines do not recommend the use of topical lidocaine for this injured worker because neuropathic pain is not present. Therefore, the request for Lidocaine Patch 5% # 60 is not medically necessary.