

<b>Case Number:</b>	CM14-0001775		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/11/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review report dated December 12, 2013, the claims administrator retrospectively did not grant a urine toxicology screen and topical Menthoderm, stating that the MTUS Guidelines officially incorporated Official Disability Guidelines into the legal guideline framework. The claims administrator also used non-MTUS Official Disability Guidelines to make a decision on the Menthoderm gel and did not, furthermore, incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. In an October 30, 2013 progress note, the applicant was given prescriptions for tramadol, omeprazole, and Menthoderm and placed off work, on total temporary disability, for an additional four weeks. The applicant was described as having multifocal elbow, wrist, and shoulder, mid back, neck, and low back pain. It appeared that these requests represented renewal request. The applicant did report 7-8/10 multifocal pain complaints, seemingly despite ongoing medication usage. On September 18, 2013, the applicant was given a prescription for topical FluriFlex and asked to continue chiropractic manipulative therapy while remaining off work, on total temporary disability. The applicant's complete medication list was not attached to the request for authorization. On August 5, 2013, the applicant was described as using Naprosyn, Zocor, Docuprene, Prilosec, and unspecified topical creams.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **RETROSPECTIVE URINE TOXICOLOGY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS, Drug Testing topic.2. ODG Chronic Pain Chapter, Urine Drug Testing topic Page(s): 43.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform urine drug testing. As noted in the Official Disability Guidelines Chronic Pain Chapter, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, state when the last time an applicant is tested, and attach an applicant's complete medication list to the request for authorization for testing. In this case, however, these criteria were not satisfied. The attending provider did not state when the applicant was last tested. The attending provider did not state which drug tests and/or drug panels he intended to test for, nor did the attending provider clearly attach the applicant's medication list to the request for authorization for testing. Indeed, as noted previously, the attending provider did not document the applicant's complete medication list on several office visits, referenced above. Therefore, the request is not medically necessary.

### **MENTHODERM GEL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS , Salicylate Topicals topic.2. MTUS Page(s): 7,105.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform urine drug testing. As noted in the Official Disability Guidelines Chronic Pain Chapter, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, state when the last time an applicant is tested, and attach an applicant's complete medication list to the request for authorization for testing. In this case, however, these criteria were not satisfied. The attending provider did not state when the applicant was last tested. The attending provider did not state which drug tests and/or drug panels he intended to test for, nor did the attending provider clearly attach the applicant's medication list to the request for authorization for testing. Indeed, as noted previously, the attending provider did not document the applicant's complete medication list on several office visits, referenced above. Therefore, the request is not medically necessary.