

Case Number:	CM14-0012797		
Date Assigned:	02/21/2014	Date of Injury:	03/25/2009
Decision Date:	07/24/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	01/31/2014

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 Internal 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:

This is a 59-year-old female with a 03/26/2009 date of injury. A specific mechanism of injury was not described. 1/29/14 determination was modified. Certification was provided for an office visit, and non-certification was rendered for KetoFlex and a urine drug screen (UDS). Urine drug screen was not certified given that there were 3 prior urine drug screens since seen at the provider's office, all consistent with medications. KetoFlex was not certified given that ketoprofen was not FDA approved for a topical application. 1/7/14 progress report identified low back pain, usually the left side is worse than the right, but the right side has increased in pain. She has been getting spasms in her legs which have increased over the past two weeks. The patient pain score was rated 10/10. Reported UDS 12/17/13 was positive for alcohol, oxycodone, cyclobenzaprine. It was noted that the patient was denied oxycontin and oxycodone due to negative UDS in September. This was likely performed before she received medication. Three urine drug screens reports have been reviewed since the patient started to be seen by the provider and all were consistent with a prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. The patient is under chronic opioid treatment for which urine drug test have been performed by the provider for medication monitoring. It is noted that one test was negative in September prior to the patient receiving her medications. Subsequent to that, there has been three urine drug tests performed and were reported as consistent with medication intake. CA MTUS states that screening is recommended at baseline, randomly at least twice and up to 4 times a year. The patient did not seem to have any high risk behaviors of any other red flags that would prompt the need for additional urine tests. The medical necessity is not established for an additional urine drug test.

KETOFLEX (KETOPROFEN 15 %/ CYCLOBENZAPRINE 10 %) CREAM 240 GM:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Analgesics; CA MTUS 2009: 9792.24.2 Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no indication for prescription of a compound medication as opposed to FDA approved oral medications. The medical necessity is not substantiated.