

Case Number:	CM14-0016650		
Date Assigned:	04/11/2014	Date of Injury:	11/06/1997
Decision Date:	06/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Anesthesiology and 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 injured worker is a 52-year-old male who reported an injury on 11/06/1997. The mechanism of injury was not stated. Current diagnoses include cervical spine sprain with cervical disc disease, cervical spondylosis without myelopathy, cervical facet arthropathy, cervicogenic headaches, lumbar spondylosis with facet arthropathy, and low back pain secondary to lumbar spine sprain. The injured worker was evaluated on 08/07/2013. The injured worker was status post bilateral L4-S1 medial branch nerve blocks on 07/25/2013. The injured worker has also been previously treated with chiropractic therapy, muscle relaxants, and NSAIDs. The injured worker reported persistent neck and low back pain. Physical examination revealed bilateral cervical paraspinous tenderness, positive facet loading symptoms, negative Spurling's maneuver, 5/5 muscle strength in bilateral upper extremities, intact sensation, bilateral thoracic paraspinous tenderness, bilateral lumbar paraspinous tenderness, tenderness over the lower lumbar facet joints, positive axial loading, negative straight leg raising, and intact sensation with 5/5 motor strength in bilateral lower extremities. Treatment recommendations included a prescription for a compounded medication including ketoprofen, gabapentin, and lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN/ GABAPENTIN/ LIDOCAINE COMPOUNDED CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUNDED TOPICAL MEDICATIONS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended, as there is no evidence for the use of any anti-epilepsy drug as a topical product. There is also no strength, frequency or quantity listed in the current request. As such, the request is non-certified.

RANDOM URINE DRUG SCREEN, ONE EACH QUARTER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PROCEDURE SUMMARY - PAIN, CRITERIA FOR USE OF URINE DRUG TESTING.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTIONS ON DRUG TESTING, OPIOIDS - INITIATING THERAPY AND OPIOIDS, PAIN TREATMENT AGREEMENT Page. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, URINE DRUG TESTING.

Decision rationale: The 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, there is no evidence of non-compliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity for repeat screening has not been established. As such, the request is non-certified.