

<b>Case Number:</b>	CM14-0113960		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/01/2000
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 59 year old female with date of injury 9/1/2000. The mechanism of injury is stated as an overuse injury. The patient has complained of neck, lower back and upper extremity pain since the date of injury. She has been treated with bilateral carpal tunnel release, physical therapy, steroid injections, electro-acupuncture, chiropractic therapy, TENS unit and medications. MRI of the cervical spine performed in 06/2001 revealed degenerative disc disease with disc bulging at C4-5 and C5-6 with central canal stenosis and foraminal compromise at these levels. EMG/NCV of the upper extremities performed in 07/2001 revealed mild carpal tunnel syndrome. EMG/NCV of the lower extremities performed in 11/2005 revealed L5, S1 radiculitis. A random urine drug screen performed in 3/2014 was negative. Objective: positive Tinel's and Phalen's signs bilaterally, positive impingement sign left shoulder, decreased and painful range of motion of the cervical spine. Diagnoses: bilateral carpal tunnel syndrome, myofascial pain syndrome, left rotator cuff syndrome. Treatment plan and request: Ketoprofen cream, random urine drug screen x 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen Cream QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** This 59 year old female has complained of neck, lower back and upper extremity pain since date of injury 9/1/2000. She has been treated with bilateral carpal tunnel release, physical therapy, steroid injections, electro-acupuncture, chiropractic therapy, TENS unit and medications. The current request is for Ketoprofen cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Ketoprofen cream is not indicated as medically necessary.

**Retrospective request for Urine Drug Screen performed 04/25/2014 QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

**Decision rationale:** No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of this lack of documentation and the MTUS guidelines cited above, random in office urine drug screen performed 4/25/14 is not indicated as medically necessary.