MAXIMUS Federal Services

Case Number:	CM14-0141128		
Date Assigned:	09/10/2014	Date of Injury:	01/30/2011
Decision Date:	12/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 American Board of Family Practice 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 57-year-old female claimant sustained a work injury on 1/30/11 involving the neck and back. She was diagnosed with cervicalgia and lumbar disc disease. A progress note on 6/2/14 indicated the claimant had been on Voltaren gel for topical pain relief which provided 30% relief. The claimant had tenderness in the transverse processes of C2- C6 and left lower cervical pillar reproducible pain. The lumbar spine also was noted to have increased pain with active range of motion. The left hip was tender at the posterior superior iliac spine. Treating physician recommended continuing applying Voltaren gel to both legs four times daily. The request was made for radiofrequency ablation, a follow-up office visit and a urine drug screen. A urine drug screen was performed a month prior with Vicodin listed on the medication. Hydrocodone was not detected. However, prior visit notes in May 2014 did not indicate the claimant was on Vicodin. There was no mention or concerns of medication abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up Office Visit and Urine Drug Screen (UDS) on 06/02/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guideline, Pain Chapter, Urine drug testing (UDT), Low Back Chapter, Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. There is questionable information about the claimant being on Vicodin. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, stemps to avoid misuse/addiction, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 11-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Voltaren gel is a topical NSAID. According to the guidelines, topical Voltaren gel has not been evaluated for the treatment of the spine, hip or shoulders. It is indicated for the relief of osteoarthritis in the joints. In this case there is no indication of osteoarthritis. Length of use was not specified. The claimant had already used Voltaren gel for several months. The Voltaren gel is not medically necessary.