

Case Number:	CM14-0155841		
Date Assigned:	09/25/2014	Date of Injury:	03/05/2014
Decision Date:	10/29/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/23/2014

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 Chiropractic and Acupuncture 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 injured worker is a 45-year-old female who reported an injury on 03/05/2014. The mechanism of injury reportedly occurred when her left foot got caught on a rubber mat and she lost her balance causing her to twist the left ankle and knee. Her diagnoses were acute thoracic strain, left knee lateral meniscal tear, and left ankle sprain. Her treatments included physical therapy, aquatic therapy, acupuncture, and medications. Her diagnostics included an MRI of the knee, x-rays of the foot and ankle, and nerve conduction study/electromyography. She reportedly had a left knee surgery in 12/2010. On 08/29/2014 the injured worker complained of persistent pain in her lower back, left knee, left foot, and ankle. She rated her lower back pain at 7/10 and frequent, left knee pain at 7/10, and left foot and ankle pain at 7/10 and frequent. Her pain was reportedly made better with therapy, rest, and medications. The physical examination of the mid and lower back revealed decreased range of motion, tenderness to the paraspinal and a positive Kemp's sign bilaterally. The examination of the left knee revealed tenderness over the lateral joint line and a positive valgus and varus stress test. The examination of the left ankle revealed decreased range of motion, tenderness over the lateral anterior talofibular ligament with slight swelling, limited range of motion and neurovascular status was intact distally. Her medications were noted as Tylenol and Prilosec. The treatment plan was for Diclofenac/lidocaine cream 3%/3% and a urine toxicology screening. The rationale for the cream was an attempt to control her pain further and wean her down from the Tylenol, and the rationale for urine toxicology screen was requested as part of a pain treatment agreement during opioid therapy. The Request for Authorization form was submitted on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine Cream 3%/3%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Based on the clinical information submitted for review the request for Diclofenac/lidocaine cream 3%/3% is not medically necessary. According to the California MTUS Guidelines, topical nonsteroidal anti-inflammatory agents are recommended for short term use. It is noted that there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. It has been shown that topical NSAIDs are superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic or SNRI antidepressant or antiepileptic drugs such as gabapentin or Lyrica. The injured worker reported persistent pain in her lower back, left knee, left foot and ankle. She stated that physical therapy was increasing her range of motion and functionality and decreasing her pain. She reported that taking Tylenol helps her pain go from 8/10 to 5/10. The guidelines indicate that lidocaine is not recommended for non-neuropathic pain, which any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Furthermore, topical analgesics are mainly recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, which the clinical information submitted for review did not provide any objective data that suggested the injured worker was suffering from neuropathic pain. Also, the clinical documentation noted that physical therapy was increasing her range of motion and decreasing her pain and was released back to work without restrictions, which would suggest for her to continue her current treatment plan if it was reportedly decreasing her pain. The request failed to provide the frequency and application directions as prescribed. As such, the request for Diclofenac/lidocaine cream 3%/3% is not medically necessary.

Urine toxicology screening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 77-78.

Decision rationale: Based on the clinical information submitted for review the request for a urine toxicology screening is not medically necessary. According to the California MTUS Guidelines, drug testing is recommended as an option to assess for the use or the presence of illegal drugs. Also, urine drug screens are used with initial or ongoing opioid treatment for

patients with issues of abuse, addiction, or poor pain control. The injured worker was noted to be taking Tylenol. She was attending physical therapy and reported that the physical therapy was helping with her range of motion, functionality, and decreasing her pain. It is noted in the guidelines that drug testing is recommended as an option to assess for the presence of illegal drugs; however, there is a lack of documentation that showed that the injured worker had suffered from drug abuse or had drug aberrant behavior. Furthermore, there are insufficient clinical details that suggested that the injured worker was taking opioids or that the physician was going to prescribe her an opioid. There is no rationale provided for the urine toxicology screening. As such, the request for a urine toxicology screening is not medically necessary.