MAXIMUS Federal Services

Case Number:	CM14-0161751		
Date Assigned:	11/05/2014	Date of Injury:	05/23/2009
Decision Date:	12/11/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 59-year-old male who reported an injury on 05/23/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included myofascial pain syndrome, lumbar radiculopathy, and lumbar sprain. The previous treatments included medication. Within the clinical note dated 06/05/2014, it was reported the injured worker continued to have pain in the lumbar spine and elbow. The injured worker complained of numbness of the legs, and spasms of the bilateral forearms. Upon physical examination, the provider noted the injured worker had positive bilateral straight leg raise. The injured worker had a positive Tinel's at the right ulnar. The clinical documentation submitted was largely illegible. The provider indicated the injured worker had decreased range of motion of the back. A request was submitted for a urine drug screen and Menthoderm gel. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The request for Urine screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. Although a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug taking behaviors. There is no evidence of opioid use. Therefore, the request is not medically necessary.

Menthoderm Gel 120 grams dispensed 09/04/14: Upheld

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

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

Decision rationale: The request for Menthoderm Gel 120 grams dispensed 09/04/14 is not medically necessary. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines note any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The requested submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, the guidelines do not recommend topical analgesics. Therefore, the request is not medically necessary.