

Case Number:	CM14-0172645		
Date Assigned:	10/23/2014	Date of Injury:	09/05/1996
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 70-year-old female with date of injury of 09/05/1996. The listed diagnoses per [REDACTED] from 09/16/2014 are: 1. Lumbar disk disease. 2. Lumbar radiculopathy. 3. Lumbar facet syndrome. 4. Status post ilium open reduction/internal fixation. According to this report, the patient complains of increased lumbar spine pain which she rates 8/10. The pain is described as sharp with cramps radiating to the bilateral lower extremities. The patient indicates that she has been taking her medications from [REDACTED] on a regular basis. The examination shows the patient is well-developed, well-nourished, in no apparent distress. She has a wide-based gait and performed heel to toe walk with difficulty secondary to low back pain. There is moderate tenderness to palpation over the lumbar paravertebral musculature. Moderate facet tenderness over the L3 to S1 spinous process. Seated straight leg raise is positive at 60 degrees bilaterally. Farfan test is positive bilaterally. There is a well-healed surgical scar over the left hip. Sensory examination shows decreased sensation in the bilateral L3, L4, and L5 and left S1 dermatomes. The documents include a lumbar ESI from 07/21/2014. The utilization review denied the request on 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin Tropical Lotion apply BID 120ml: 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 patient presents with lumbar spine pain. The treating physician is requesting Ultracin topical lotion. Ultracin lotion contains methyl salicylate 28%, menthol 10%, and capsaicin 0.025%. The MTUS Guidelines page 111 on topical NSAIDs states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use between 4 to 12 weeks. It is indicated for patients with osteoarthritis and tendonitis in particular that of the knee, elbow, or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The records show that the patient was prescribed Ultracin topical lotion on 08/27/2014. The 08/27/2014 report from [REDACTED] notes that the patient cannot tolerate NSAIDs and the treating physician is recommending a topical lotion for pain. The treating physician does not indicate what this medication is to be used for, but based on the patient's back pain; this topical would not be indicated. MTUS supports topical NSAIDs for peripheral joint arthritis/tendinitis problems and not spine or shoulder/hip conditions. Recommendation is for not medically necessary.

Random Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: This patient presents with lumbar spine pain. The treating physician is requesting a random urine drug screen. The MTUS Guidelines do not specifically address how frequent urine drug screen should be obtained for various risk opiate users. However, ODG Guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The records do not show any recent urine drug screen. The patient's current list of medications include Fexmid and Robaxin. There is no history of narcotic use based on the reports from 05/09/2014 to 09/16/2014. The 09/16/2014 report by [REDACTED] notes that the request for a urine drug screen is to ensure compliance with current medication regimen and to verify that she is not taking medications from multiple prescribing physicians or using illicit drugs. He further notes that the urine drug screen from June 2014 was cancelled due to insufficient findings. In this case, the patient has not been prescribed opioids that would warrant a urine drug screen. Recommendation is for not medically necessary.

