

Case Number:	CM14-0176170		
Date Assigned:	10/29/2014	Date of Injury:	06/12/2012
Decision Date:	12/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/23/2014

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 Orthopedic Surgery, 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:

33-year-old male claimant with an industrial injury dated 06/12/12. Exam note 10/14/14 states the patient returns with cervical spine, lumbar spine, and right shoulder pain. The patient rates the right shoulder pain a 5/10, low back pain a 7-8/10, and the neck pain a 2-3/10. The patient explains that the medications and the TENS unite has helped with pain relief, but the pain is worsened with prolonged standing. Upon physical exam there was tenderness over the bilateral upper trapezius muscles, anteriorly/laterally on the right shoulder, and over the bilateral lumbar paraspinal muscles. The patient had a full range of motion of the cervical spine. The patient demonstrated a full flexion of the right shoulder, but abduction and external rotation was limited. Flexion of the lumbar spine was noted as 60' with pain, extension was full, and bilateral rotation was limited with pain. The patient demonstrated a positive straight leg raise with both lower extremities. Diagnosis is noted as multilevel disc herniation of the lumbar spine, cervical sprain/strain, and right shoulder contusion/sprain. Treatment includes to continue the use of the TENS unit, an epidural injection, and a continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine 3%, 5%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation ODG, Treatment Index 9th Edition (web) 2011

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Treatment Index 9th Edition (web) 2011

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 94-95.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, "Opioids, steps to avoid misuse/addiction. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement.b) Limitation of prescribing and filling of prescriptions to one pharmacy.c) Frequent random urine toxicology screens."In this case there is insufficient evidence from 10/14/14 of chronic opioid use or evidence of drug misuse to warrant urine toxicology. Therefore the request is not medically necessary.