

Case Number:	CM14-0178672		
Date Assigned:	11/03/2014	Date of Injury:	06/12/2012
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/28/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 33 year old male who had a work injury dated 6/12/12. The diagnoses include multilevel lumbar disc herniations; right shoulder contusion/sprain; cervical musculoligamentous strain. Under consideration are requests for urine toxicology screen and Diclofenac / Lidocaine 3%, 5%, 180gm. There is a 10/13/14 progress note that states that the patient has cervical spine, lumbar spine and right shoulder pain. The patient returns today for follow-up with persistent pain in the neck which he rates at 2-3/10 on a pain scale, it is frequent and the same. He also complains of pain in the lower back which he rates at 7-8/10, it is constant and the same with radiation of pain into the bilateral lower extremities. He also has pain in the right shoulder which he rates at 5/10, it frequent and the same. The pain is made better with medication and TENS unit. The pain is made worse with prolonged standing. The patient is not currently working. Examination of the cervical spine revealed intact skin. There was tenderness to palpation over the bilateral upper trapezius muscles. There was full active range of motion for flexion, extension and bilateral rotation. Neurovascular status was intact distally. Examination of the right shoulder revealed intact skin. There was tenderness to palpation anteriorly and laterally. There was full flexion. Abduction was limited. External rotation was limited. There was full internal rotation. Neurovascular status was intact distally. Strength was 4/5. Examination of the lumbar spine revealed intact skin. There was tenderness to palpation over the bilateral lumbar paraspinal muscles. Flexion was 60 degrees with pain. Extension was full. Bilateral rotation was limited due to pain. Neurovascular status was intact distally. Bilateral sitting straight leg raise test was positive in both lower extremities. Gait Analysis: The patient ambulated with a normal gait pattern. The treatment plan includes Keratek gel; Ultram; urine toxicology and changing Ultram to Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Steps to Take Before a Therapeutic Trial of Opioids Page(s): 43, 76-77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Urine toxicology is not medically necessary. The MTUS states that one can consider the use of a urine drug screen to assess for the use or the presence of illegal drugs with initiation of opioid use. The ODG states that patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The documentation does not indicate aberrant or high risk behavior. Per documentation the provider had requested frequent urine toxicology screens on a 3/17/14 prior report. Without clear rationale for a repeat urine drug screen and no aberrant behavior documented the request for urine toxicology is not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Diclofenac / Lidocaine 3%, 5%, 180gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Lidocaine is not indicated in cream, lotion or gel form for neuropathic pain. The guidelines state that Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The documentation indicates that the patient suffers from shoulder and spine pain for which Diclofenac would not be indicated topically. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for topical medication Diclofenac / Lidocaine 3%, 5%, 180gm is not medically necessary.

