

Case Number:	CM14-0182291		
Date Assigned:	11/07/2014	Date of Injury:	11/04/2014
Decision Date:	12/12/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/03/2014

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 & 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 45 year old male with an injury date of 11/11/10. Based on the 10/25/14 progress report provided by [REDACTED], the patient complains of low back pain rated 5/10 that radiates into the right thigh and left foot, bilateral shoulder pain, and bilateral knee and ankle pain. Physical examination to the lumbar spine revealed tenderness to palpation to the paraspinals and decreased range of motion. Examination to the shoulders revealed tenderness to the acromioclavicular joint bilaterally and decreased range of motion. Positive Hawkin's and Neer's. Patient's medical prescription dated 08/12/14 included Norco, Tylenol #3, Anexsia, and Ultram. Urine drug screen dated 09/29/14 did not show opiates were detected. Patient is to return to modified work on 10/21/14. Kera-Tek gel is requested "in an attempt to wean patient from Naprosyn as it is causing GI issues." Diagnosis 10/25/14- multilevel disc bulges- chronic cervicothoracic strain/sprain- left shoulder possible posterior labral tear- right shoulder partial thickness tear of the supraspinatus and infraspinatus tendons per MRI dated 04/23/13- possible partial thickness tear of the long head biceps tendon per MRI dated 04/23/13. The utilization review determination being challenged is dated 11/04/14. The rationale follows: 1) DICLOFENAC 3%, LIDOCAINE 5%: "topical analgesics are primarily recommended for neuropathic pain..." 2) URINE TOXICOLOGY SCREEN: "there is no indication that claimant is taking controlled medication..." [REDACTED]. is the requesting provider and he provided treatment reports from 06/02/14 - 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%, Lidocaine 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding topical creams chronic pain section Lidocaine Indication Page(s): 111.

Decision rationale: The patient presents with low back pain rated 5/10 that radiates into the right thigh and left foot, bilateral shoulder pain, and bilateral knee and ankle pain. The request is for Diclofenac 3%, Lidocaine 5%. Patient's diagnosis dated 10/25/14 included chronic cervicothoracic strain/sprain, left shoulder possible posterior labral tear and right shoulder partial thickness tear of the supraspinatus and infraspinatus tendon. Patient is to return to modified work on 10/21/14. The MTUS has the following regarding topical creams (p111, chronic pain section): " Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." "Topical Analgesics: Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be 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." Per treater report dated 10/25/14, Kera-Tek gel is requested "in an attempt to wean patient from Naprosyn as it is causing GI issues." With regards to NSAID portion of cream, review of reports do not show documentation that patient presents with osteoarthritis, as indicated by guidelines. Furthermore, the requested topical ointment contains Lidocaine in lotion form, which is not indicated by MTUS. The request is not medically necessary.

Urine Toxicology Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS under opioid management Page(s): 77. Decision based on Non-MTUS Citation ODG) Pain (Chronic) chapter, Urine drug testing (UDT) <http://odg-twc.com/index.html?odgtwc/pain.htm#Urinedrugtesting>

Decision rationale: The patient presents with low back pain rated 5/10 that radiates into the right thigh and left foot, bilateral shoulder pain, and bilateral knee and ankle pain. The request is for Urine Toxicology Screen. Patient's diagnosis dated 10/25/14 included chronic cervicothoracic strain/sprain, left shoulder possible posterior labral tear and right shoulder partial

thickness tear of the supraspinatus and infraspinatus tendon. Patient is to return to modified work on 10/21/14. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "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. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." UR letter dated 11/04/14 stated "there is no indication that claimant is taking controlled medication." However, patient's medical prescription dated 08/12/14 included Norco, Tylenol #3, Anexsia, and Ultram. Urine drug screen dated 09/29/14 did not show opiates were detected. ODG and MTUS do support periodic urine toxicology for opiate management. The request therefore is medically necessary.