MAXIMUS Federal Services

Case Number:	CM14-0020083		
Date Assigned:	04/28/2014	Date of Injury:	08/30/2011
Decision Date:	07/08/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 Physician 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 53 year old male who reported an injury on 08/30/2011; the mechanism of injury was not provided within the medical records submitted. The clinical note dated 11/11/2013 noted the injured worker reported lower back pain and right arm pain. The physical exam noted lumbar tenderness and decreased lumbar spine range of motion. The listed diagnoses include history of right elbow injury, right elbow contusion and right shoulder sprain with tendonosis, and radiating lower left extremity pain with L2-3 and L5-S1 spondylolisthesis. A prescribed medication list was not provided within the clinical note. The request for authorization was not provided within the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM OINTMENT 120 ML #1: 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), TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: The request for menthoderm ointment 120mg is certified. The proprietary active ingredients of menthoderm is methyl salicylate/menthol. The CA MTUS guidelines recommend topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. The injured worker showed signs and symptoms of a musculoskeletal origin with pain. The injured worker had persistent pain to the low back with usual activities, pain to the right. The injured worker also had tenderness at the right shoulder subacromial space and acromioclavicular joint. Thus, the request is certified.

URINE DRUG SCREEN: Upheld

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

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

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. The submitted clinical notes lack the documentation to show the injured worker has been prescribed opioids recent enough to be present upon urine drug screening. Within the provided documentation it was unclear when the injured worker's last urine drug screen was performed; therefore, it cannot be determined if the urine drug screen was congruent with the guideline recommendations. It did not appear the injured worker was at risk for medication misuse or displayed aberrant behaviors. Thus, the drug test would not be medically necessary.