

Case Number:	CM14-0028877		
Date Assigned:	06/16/2014	Date of Injury:	11/08/2012
Decision Date:	07/29/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/06/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 56-year-old male who reported an injury on 11/08/2012. The mechanism of injury was not provided. On 05/19/2014, the injured worker presented with persistent neck pain as well as lower back and left shoulder pain. He stated that Motrin reduced his pain from a 6/10 to a 3/10. Upon examination of the cervical spine, there was tenderness noted over the trapezius and paravertebral muscles bilaterally, limited range of motion, a positive shoulder depression test and a positive Spurling's test. Examination of the lumbar spine revealed limited range of motion, tenderness over the paraspinal muscles bilaterally and decreased sensation on the right side in the L4, L5 and S1 nerve distributions. The diagnoses were a cervical strain, rule out disc herniation, mild degenerative change of the thoracic spine per MRI, L4-5 disc herniation of 4 mm, spondylolisthesis at L5 and S1, left shoulder rotator cuff syndrome, left shoulder tendonitis and status post lumbar fusion at L4-S1. The provider recommended a urinalysis to monitor compliance with the prescribed substances and to identify the use of undisclosed substances. The provider also recommended Biotherm topical cream to allow for penetration of the ingredients under the dermal layer of skin directly to the injured area, and the provider recommended Motrin 800 mg to restore activity levels and to aid in functional restoration. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70-72.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend Non-steroidal anti-inflammatory drug (NSAIDs) with caution. NSAIDs have associated risks of adverse cardiovascular events, including MI, stroke and new onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time, consistent with the individual injured worker's treatment goals. Higher doses are usually necessary for osteoarthritis. As the guidelines recommend NSAID treatment with the lowest effective dose for the shortest duration of time and recommend higher doses of NSAIDs for rheumatoid arthritis, the dose of this medication would not be warranted. The injured worker has been prescribed Motrin since at least 01/2014. The provider's request for Motrin 800 mg is the recommended dose for rheumatoid arthritis, and the included medical documentation lacked evidence of that diagnosis for this injured worker. Also, the provider's request for Motrin 800 mg with a quantity of 60 does not indicate the frequency of the requested medication. As such, the request is not medically necessary and appropriate.

Biotherm topical cream 20% 4oz: 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 California Medical Treatment Utilization Schedule (MTUS) Guidelines state that transdermal compounds are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines state that capsaicin is recommended only as an option in injured workers who have not responded to or who are intolerant to other treatments. The included medical documentation lacked evidence of a failed trial of antidepressants and anticonvulsants. Additionally, capsaicin is an ingredient in Biotherm topical cream; and as stated in the guidelines, capsaicin is only recommended for injured workers who have not responded to or who are intolerant to other treatments. Additionally, the provider's request does not indicate the frequency or the site at which the Biotherm topical cream is intended. As such, the request is not medically necessary and appropriate.

Urine drug screen: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend a urine drug test as an option to assess for the use of or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids, for ongoing management and as a screening for risk of misuse and addiction. The documentation provided did not indicate that the injured worker displayed any aberrant behaviors or drug-seeking behaviors or whether the injured worker was suspected of illegal drug use. It was unclear when the last urine drug screen was performed. As such, the request is not medically necessary and appropriate.