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| Case Number: | CM14-0040921 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 06/03/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 03/27/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48-year-old male with a reported date of injury on 06/03/2013. The mechanism of injury was noted to have reportedly occurred when a piece of drywall fell from the ceiling and hit him in the head. His diagnoses were noted to include status post blunt head trauma, acute cervicothoracic strain and acute lumbar strain. His previous treatments were noted to include physical therapy, activity restrictions, medications and home exercise. The progress note dated 06/02/2014 revealed that the injured worker complained of persistent pain in the neck and head as well as the lower back and the bilateral shoulders. He described his cervical pain as a 7/10 and his lumbar pain as a 7/10, intermittent with radiation of pain to the bilateral lower extremities. He reported that his bilateral shoulder pain was a 7/10 and noted that the pain improved with rest and medications. The physical examination of the cervical spine noted limited range of motion with headaches 2 or 3 times a week with nausea and dizziness. There was tenderness noted over the trapezius and paravertebral muscles, equally on both sides. The shoulder depression test was positive as well as Spurling's. Muscle strength was noted to be full at a 5/5, and sensation was decreased bilaterally at the C5 nerve distribution. The examination of the lumbar spine revealed limited range of motion, tenderness to the paraspinal muscles, a positive Kemp's test and muscle strength rated at a 5/5. The examination of the bilateral shoulders revealed decreased range of motion with tenderness over the acromioclavicular joints bilaterally. The request for Authorization form was not submitted within the medical records. The request was for Keratek gel 4 oz "to maintain the injured worker's painful symptoms" and restore activity levels and to aid in functional restoration. The urine drug screen was to be used as a reference for future medication management protocols.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek Gel 4 oz: 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): 105.

Decision rationale: The request for Keratek gel 4 oz is non-certified. The injured worker was prescribed this medication in 03/2014. The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical salicylate, stating that it is significantly better than placebo in chronic pain. There is a lack of documentation regarding the efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is non-certified.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 non-certified. The injured worker had a urine drug screen performed in 11/2013. The California MTUS Chronic Pain Medical Treatment Guidelines recommend a urine drug screen as an option to assess for the use or the presence of illegal drugs. The injured worker had a previous urine drug screen performed on 11/20/2013, which was consistent with therapy. The guidelines recommend frequent, random urine drug screens for injured workers at high risk for abuse. There was a lack of documentation regarding the injured worker being at high risk of abuse to necessitate frequent urine drug screens. Additionally, the most recent progress note failed to provide the medication regimen that the injured worker was currently taking indicating narcotics to warrant a urine drug screen. Therefore, the request is non-certified.