MAXIMUS Federal Services

Case Number:	CM14-0041809		
Date Assigned:	06/30/2014	Date of Injury:	02/22/2010
Decision Date:	09/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/09/2014

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 Sports Medicine and is licensed to practice in Texas & 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:

After careful review of the medical records, patient is a 38 year old custody officer with the [redacted] with complaints of pain at the left shoulder, left knee, and lumbar spine. Date of injury is 2/22/10 the mechanism of injury was moving,unfolding and standing up heavy tables inside a training room which resulted in his current condition. At the time of request for urine drug screen and Keto (ketoprofen) cream, the patient has subjective (knee,shoulder and lumbar pain) and objective (tenderness left shoulder/knee and lumbar pain to palpation) findings, imaging findings (lumbar spine xrays dated 2/23/10 with mild degenerative changes, MRI lumbar spine most recent dated 4/30/12 shows multi-level disc protrusions L3/4,L4/5 with L5/S1 right lateral recess stenosis as well as central stenosis, MRI left shoulder dated 5/1/12 shows supraspinatus tendonosis), diagnoses (lumbar sprain/strain,left shoulder sprain/strain,left knee sprain/strain), and treatment to date (epidural steroids,medications). . In review of medical records provided, there is no opioid medication agreement documented. Also, there is only one document dated April 17, 2012 which was a comprehensive medical legal evaluation which records the use of the drug oxycontin. It is the only document that mentions opioid use by the patient. There needs to be documentation not only of the prescribing of opioids but detailed follow up evaluation of the efficacy of the pharmacologic treatment and an established surveillance plan which may include an opioid medication agreement and drug testing. Keto cream or Ketoprofen topical cream is a non-FDA approved analgesic and not currently recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment guidelines, the use of urine drug screen testing should be used to screen for inappropriate misuse of medications and/or illegal substances. In review of medical records provided, it is not clearly delineated the reason for the drug test. There is no opioid medication agreement documented. Also, there is only one document dated April 17, 2012 which was a comprehensive medical legal evaluation which records the use of the drug oxycontin. It is the only document that mentions opioid use by the patient. There needs to be documentation not only of the prescribing of opioids but detailed follow up evaluation of the efficacy of the pharmacologic treatment and an established surveillance plan, which may include an opioid medication agreement and drug testing. Therefore, the request for urine drug screen is not medically necessary and appropriate.

Keto Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

Decision rationale: Keto cream or Ketoprofen topical cream is a non-FDA approved analgesic and not currently recommended per MTUS-Chronic Pain Medical Treatment Guidelines. The only FDA approved topical NSAID is Voltaren 1% gel which is indicated for ankle, elbow, foot, hand, knee, and wrist. Therefore, the request for Keto cream is not medically necessary and appropriate.