

Case Number:	CM14-0058864		
Date Assigned:	07/09/2014	Date of Injury:	09/09/2011
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational Medicine 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:

Patient is a 72 year-old male with date of injury 09/09/2011. The medical document associated with the request for authorization, a primary treating physician's progress report dated 10/04/2013, lists subjective complaints as pain in the lumbar spine with radicular symptoms to bilateral lower extremities. Examination of the lumbar spine revealed decreased range of motion with flexion at 40 degrees, extension at 10 degrees, and right and left lateral flexion at 10 degrees. There was tenderness to the paraspinals right greater than left. Kemp's sign was positive bilaterally and there was a positive straight leg raise test on the right. Sensation and strength were decreased bilaterally. Diagnoses are L4-5 stenosis with anterolisthesis, disc herniation at L3-4, L4-5, and L5-S1, multilevel facet osteoarthritis. Besides the urine drug screen in question, there is no UDS in the recent medical records. The medical records supplied for review document that the patient has been taking Tylenol #3 for at least three months, but the Karatek gel was first prescribed at the time of the request for authorization on 10/04/2013. Medications: 1. Karatek Gel 2. Tylenol #3, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of this narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics and tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. The Tylenol #3 is not medically necessary.

Urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

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

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. The drug screen requested falls within the criteria listed above. Urine drug screen is medically necessary.

Keratek Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: Keratek gel contains menthol 16% and methyl salicylate 28%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is then not recommended. The Keratek gel is not medically necessary.