

<b>Case Number:</b>	CM14-0060519		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/24/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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:

The patient is a 56-year-old female who has submitted a claim for cervicgia, chronic pain syndrome, dysthymic disorder, lumbosacral neuritis, medical insomnia, myalgia, and neuralgia associated with an industrial injury date of 01/24/2010. Medical records from 2012 to 2014 were reviewed and showed that patient complained of pain in the bilateral arms, lower back, and neck. She states that the left side of her body is starting to act like the right side. She is experiencing increased pain and spasm. Medications decrease pain score from 10/10 to 6/10. Physical examination showed morbid obesity. Treatment to date has included medications, physical therapy, home exercise program, and epidural steroid injection. Utilization review, dated 03/27/2014, denied the request for urine toxicology because the patient was screened on 12/27/2013 and had results consistent with prescribed medications, and did not show any risk factors for abuse; and denied the request for Gaba/Keto/Lido compound ointment because the patient was not indicated for any of the components included in the topical cream requested.

### 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 Opioids, Steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Urine Drug Testing, Opioids, Tools for risk stratification & monitoring.

**Decision rationale:** As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient can be classified as 'moderate risk' as she was diagnosed with dysthymic disorder. Urine drug testing was performed on 12/27/2013, 02/06/2014, 04/22/2014, and 06/13/2014, which exceeds the recommended amount of urine drug tests given that the patient is moderate risk for drug abuse. Therefore, the request for urine drug screen is not medically necessary.

**Gaba, Keto, Lido Compound ointment.:** 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): 111-113.

**Decision rationale:** As stated on pages 111 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, the patient complains of neck and right shoulder pain despite medications and physical therapy. As stated on a progress report dated 12/13/2013, that patient had failed therapy with Cymbalta and codeine. However, topical use of all the components of the topical compound is not recommended. Lastly, the present request as submitted failed to specify the amount to be dispensed. Therefore, the request for Gaba, Keto, Lido Compound Ointment is not medically necessary.