

Case Number:	CM14-0064434		
Date Assigned:	07/11/2014	Date of Injury:	08/10/2011
Decision Date:	09/24/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 Interventional Spine 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 57-year-old male with a date of injury of 08/10/2011. The listed diagnoses per [REDACTED] included a right knee sprain/strain with internal derangement by history, a left knee medial and lateral meniscus degeneration and LCL tear, lumbar spine disk disease and abdominal pain. According to progress report 01/29/2014, the patient presents with low back and bilateral knee pain. The low back pain radiates to the right lower extremities down to the ankle with numbness and tingling noted. Pain is worsened with climbing, sitting, lifting, walking, and forward bending. An examination revealed the patient ambulates with a single-point cane. Lumbar spine revealed tenderness to palpitation at L3 to S1 with positive straight leg raise. There is restrictive range of motion in the bilateral knee and tenderness to palpitation joint lines have paresthesia. The request is for a urine drug screen (UDS), FCMC cream, Ketoprofen cream and follow-up doctor visit. Utilization review denied the request on 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Conditions over three months Urine drug screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, Differentiation: Dependence & Addiction; Opioids, Steps To Avoid Misuse/Addiction Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with low back and bilateral knee pain. The physician is requesting a urine drug screen. While MTUS Guidelines do not specifically address how frequent UDS should be obtained or various risks of opiate users, the ODG Guidelines provide clear recommendation. ODG recommends once-yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The medical file provided for review includes progress reports from 10/02/2013 through 01/29/2014 from 5 different treating physicians. These reports do not provide a list of current medications. While a yearly drug screen is recommended for low-risk patients, the physician does not provide a list of medication other than topical analgesic creams. Therefore the request is not medically necessary.

FCMC Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Analgesics.

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

Decision rationale: This patient presents with low back and bilateral knee pain. The physician is requesting an FCMC/keto topical cream. This compound topical cream includes Ketoprofen. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." The MTUS Guidelines page 112 supports the use of topical NSAID for peripheral joint arthritis or tendonitis. However, non-FDA approved agents like Ketoprofen is not recommended for any topical use. MTUS Guidelines further states that this agent is not currently FDA approved for topical application. "It has an extreme high incident of photo-contact dermatitis." Therefore the request is not medically necessary.

Keto Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Analgesics.

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

Decision rationale: This patient presents with low back and bilateral knee pain. The physician is requesting an FCMC/keto topical cream. This compound topical cream includes Ketoprofen. The

MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." The MTUS Guidelines page 112 supports the use of topical NSAID for peripheral joint arthritis or tendonitis. However, non-FDA approved agents like Ketoprofen is not recommended for any topical use. MTUS Guidelines further states that this agent is not currently FDA approved for topical application. "It has an extreme high incident of photo-contact dermatitis." Therefore the request is not medically necessary.

Follow up Doctor visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Conditions greater than 3 months duration office visits/assessments history and physical medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with low back and bilateral knee pain. The physician is requesting a follow-up doctor visit. ACOEM Chapter 12, Low Back Pain page 303 has the following regarding follow-up visits, "Patients with potentially work-related low back complaint should have follow-up every 3 to 5 days by mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." This request is not discussed in the medical file provided for review. It is unclear as to which doctor the patient is to follow-up with. The medical file includes progress reports from 10/02/2013 through 01/29/2014 from 5 different treating physicians. Therefore the request is not medically necessary.