

<b>Case Number:</b>	CM14-0077913		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 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 57-year-old male who reported an injury on 07/01/2010. The mechanism of injury was not provided for clinical review. Diagnoses included bilateral shoulder sprain/strain, bilateral shoulder pain, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, status post surgery on both shoulders. Previous treatments included medication and surgery. Within the clinical note dated 07/09/2014, it was reported the injured worker complained of pain in the bilateral arms, bilateral knees, and lower back. The injured worker reported having a fall 3 hours prior to the visit. The injured worker rated his pain 10+/10 in severity without medication. The provider did not document a physical examination. The provider requested a urine drug screen for compliance, ketofin mild ointment, Benadryl for insomnia, Trepadone for joint health, GABAdone for insomnia, fentanyl patch, Tegaderm patch, Percura for neuropathic pain. The request for authorization was provided and dated 07/07/2014.

### 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 Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The request for a urine drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use of or the presence of illegal drugs. It may also be used in conjunction with therapeutic trial of opioids, for ongoing management, and as a screening for risk or misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. While urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug seeking behaviors. There is lack of documentation indicating when the last urine drug screen was performed. There is lack of documentation indicating the injured worker has aberrant drug seeking behaviors. Therefore, the request is not medically necessary.

**Ketofin Mild Ointment 240mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Rxlist.com, Zaditor, Online database, <http://www.rxlist.com/zaditor-drug/patient-images-side-effects.htm>.

**Decision rationale:** Ketotifen mild ointment 240 is not medically necessary. Rxlist.com notes ketotifen ointment is an antihistamine that inhibits the body's release of a chemical called histamine. Histamine can produce allergy symptoms such as sneezing, runny nose, and watery eyes. Ketotifen is used to treat itching of the eyes caused by allergy to dust, pollen, animals, and other allergens. There is lack of documentation indicating the medical necessity for the request. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

**Benadryl 25mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

**Decision rationale:** The request for Benadryl 25 mg #60 is not medically necessary. The Official Disability Guidelines noted antihistamines have been suggested for sleep aids, for example, Benadryl. The guidelines note treatment is based on the etiology with medications. Pharmacology agents should only be used after careful evaluation of potential causes of sleep

disturbances. Failure of sleep disturbances to resolve in a 7 day period may indicate psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Trepadone po #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Trepadone.

**Decision rationale:** The request for Trepadone by mouth #120 is not medically necessary. The Official Disability Guidelines note Trepadone is a medical food from targeted medical Pharma, Inc. Trepadone is intended for the use of management of joint disorders associated with pain and inflammation. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and dosage of the medication. Therefore, the request is not medically necessary.

**Gabadone #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Gabadone.

**Decision rationale:** The request for GABAdone #120 is not medically necessary. The Official Disability Guidelines note GABAdone is not recommended. It is a medical food. Guidelines note it is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep, and reducing snoring in patients who are experiencing anxiety related sleep disorders. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the dosage of the medication. There is lack of documentation indicating the injured worker is treated for or diagnosed with anxiety related sleep disorders. Therefore, the request is not medically necessary.

**Fentanyl Patch 75mcg #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for fentanyl patch 75 mcg #10 is not medically necessary. The California MTUS Guidelines note topical NSAIDS are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDS are recommended for short-term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.

**Tagaderm Patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The request for Tegaderm patch is not medically necessary. The California MTUS Guidelines recommend topical NSAIDS for the use of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDS are recommended for short-term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.

**Percura #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Percura.

**Decision rationale:** The request for Percura 120 is not medically necessary. The Official Disability Guidelines do not recommend Percura. The guidelines note it is intended for dietary management of metabolic process associated with pain, inflammation, and loss of sensation due to peripheral neuropathy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and dosage of the medication. Therefore, the request is not medically necessary.