

Case Number:	CM14-0087068		
Date Assigned:	07/23/2014	Date of Injury:	08/19/2013
Decision Date:	09/26/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/10/2014

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 Neurosurgery 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 records presented for review, indicate that this 36-year-old male was reportedly injured on December 9, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 18, 2014, indicated that there were ongoing complaints of upper and low back pains. The physical examination demonstrated a 5'6", 211 pound individual in no acute distress. There was tenderness to palpation, a decrease in range of motion, a positive Kemp's test, with normal motor and sensation. Diagnostic imaging studies were not reviewed. Previous treatment included physical therapy, multiple medications and conservative care. A request had been made for retroactive urine toxicology screen and medications and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Anthem Blue Cross Medical Policies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78.

Decision rationale: As outlined in the MTUS, there needs to be a clinical reason for the urine drug screen. The progress notes presented for review do not indicate any evidence of intoxication, drug diversions, illicit drug use or any other parameter by which a urine drug screening would be clinically necessary. Therefore, based on the medical records presented for review and by the parameters outlined in the ACOEM guidelines, this is not clinically indicated. The medical necessity has not been established.

Flurbiprofen/Cyclobenzaprine/Menthol Topical Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Anthem Blue Cross Medical Policies.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs (flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of flurbiprofen or cyclobenzaprine in a topical formulation. Therefore, the request for this preparation is not medically necessary.