MAXIMUS Federal Services

Case Number:	CM14-0166062		
Date Assigned:	10/13/2014	Date of Injury:	12/10/2012
Decision Date:	01/20/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 72 year old male who sustained a work related injury on 12/10/2012. The injury occurred when he was rear-ended by a vehicle, causing his entire body to be violently jolted in a backwards and forwards direction. Per the Primary Treating Physician's Progress Report dated 7/17/2014, the injured worker reported persistent pain in the neck, lower back, left shoulder, left wrist and hand. Pain was described as 6 out of 10, and was constant. The pain in the cervical spine, lumbar spine, left shoulder, left wrist and left hand was the same since the prior visit. Medication, hot packs and hot showers help to alleviate the pain. Tramadol, taken as needed, helped bring his pain down from a 6/10 to a 2-3/10, but caused constipation. Physical examination revealed decreased range of motion of the cervical spine, with tenderness of the paraspinals and trapezius muscles equally, with hypertonicity noted over the trapezius muscles bilaterally. Deep tendon reflexes were 1+ bilaterally at the brachioradialis and triceps tendons. Examination of the lumbar spine revealed decreased range of motion. There was tenderness and hypertonicity noted over the paraspinal muscles bilaterally, as well as tenderness over the spinous process at L2-5. Kemp's sign was positive bilaterally. Straight leg raise was positive bilaterally at 60 degrees, for posterior thigh pain. Deep tendon reflexes were 1+ bilaterally at the patellar and Achilles tendon. Diagnoses included acute cervical, lumbar and thoracic strain with disc herniation, and bilateral upper extremity sprain/strain. The plan of care included consultation with a neurospine surgeon, pain medications and aquatic therapy. Work Status was modified. Treatment to date: physical therapy, acupuncture, medication management, and activity modification.On 10/01/2014, Utilization Review modified a prescription for consultation with neurologist x one office visit, and non-certified prescriptions for Kera-Tek gel 4oz, urine toxicology screen and neurosurgical spine consultation based on lack of medical necessity. The

CM MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera Tek gel 4oz: 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 Salicylates Page(s): 105. Decision based on Non-MTUS Citation FDA (Kera-Tek)

Decision rationale: A search of online resources revealed that Kera-Tek gel active ingredients include menthol 16%, topical analgesic, and methyl Salicylate 28%, topical analgesic) Used for temporarily relief of minor aches and pains of muscles and joints associated with single backache, arthritis, strains, bruises and sprains. With regard to Brand name topical salicylates, these products have the same formulation as over-the-counter products such as BenGay. However, in the present case, it has not been established that there is any medical necessity for a specific brand name. A specific rationale identifying why this patient would require Kera-Tek instead of an over-the-counter equivalent was not provided. Therefore, the request for Kera-Tek gel 4oz was not medically necessary.

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Pain Procedure Summary last updated 09/10/2014, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the present case, it is noted that the patient is taking the tramadol. Guidelines support routine urine drug screens to monitor for medication compliance and misuse. Therefore, the request for Urine toxicology screen was medically necessary.

Consultation with neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment

in Workers Compensation (TWC): Pain Procedure Summary last updated 09/10/2014, Evaluation and Management (E&M)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In the present case, it is noted that a consultation with a neurologist was certified on 10/1/14. Concerning that the patient had persistent pain in the neck and lower back with positive deficits on exam, the request for consultation with neurologist was determined to be medically necessary. It is unclear why this duplicate request is being made at this time. Therefore, the request for Consultation with neurologist was not medically necessary.

Neurosurgical spine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Pain Procedure Summary last updated 09/10/2014, Evaluation and Management (E&M)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations, page(s) 127, 156

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In the present case, the patient was already approved for a consultation with a neurologist. A specific rationale as to why this patient requires an additional consult with a spine surgeon at this time was not provided. Therefore, the request for Neurosurgical spine consultation was not medically necessary.