

Case Number:	CM15-0008640		
Date Assigned:	01/26/2015	Date of Injury:	03/20/2012
Decision Date:	03/26/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old male who reported an injury on 03/20/2012 due to an unspecified mechanism of injury. On 12/08/2014, he presented for a followup evaluation. He reported insomnia and pain in the lumbar spine. A physical examination showed moderate spasm and a positive straight leg raise. It should be noted that the document provided was handwritten and illegible. The injured worker's diagnoses are illegible. The treatment plan was for topical medications and a urinalysis for toxicology. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flu/Cap/Cam 10%/0.025%/2%/1% 129 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-114.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Topical cyclobenzaprine is not supported by the guidelines, capsaicin is only recommended in those who are intolerant or unresponsive to other therapies, and lidocaine is only recommended in the form of a dermal patch. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing that he has tried and failed recommended oral medications to support the request for a topical analgesic. Also, there is a lack of evidence showing a quantitative decrease in pain or an objective improvement in function with the use of this medication. Furthermore, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Ket/Cyc/Lido 10%/3%/5% 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-114.

Decision rationale: According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Topical cyclobenzaprine is not supported by the guidelines, capsaicin is only recommended in those who are intolerant or unresponsive to other therapies, and lidocaine is only recommended in the form of a dermal patch. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing that he has tried and failed recommended oral medications to support the request for a topical analgesic. Also, there is a lack of evidence showing a quantitative decrease in pain or an objective improvement in function with the use of this medication. Furthermore, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Urinalysis for toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 77 - 80 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management. Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, urine drug screens are recommended for those who have issues of abuse, addiction, or poor pain control. Based on the clinical documentation submitted for review, the injured worker was not noted to have any of the indications for which urine drug screens would be considered medically necessary. Also, it was

not noted that he was taking any medications that required urine drug screening. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.