

Case Number:	CM15-0145323		
Date Assigned:	08/06/2015	Date of Injury:	12/03/2001
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 12-03-2001. She has reported injury to the low back. The diagnoses have included lumbar discopathy with disc displacement; and lumbar radiculopathy. Treatment to date has included medications and diagnostics. Medications have included Vicodin, Naproxen, Ultram, Voltaren Gel, and Omeprazole. A progress report from the treating physician, dated 05-31-2015, documented a follow-up visit with the injured worker. The injured worker reported continued low back pain radiating down to the left leg with numbness and tingling; the pain in the left leg is worsening and interferes with her ambulation; she has intermittent pain down her right leg also associated with numbness and tingling; she continues to ambulate with assistance of a cane, but would feel more secure with the front-wheeled walker with seat, so that she can rest when her legs are tired out; and the medications are helpful in alleviating some of the pain. Objective findings included positive tenderness to palpation over the lumbar paraspinal musculature; there is decreased range of motion secondary to pain and stiffness; supine straight leg raising test is positive at twenty degrees on the left; and sensation is diminished to light touch and pinprick at the left L5-S1 dermatomal distribution. The treatment plan has included the request for urine toxicology testing (on-site collection-off-site confirmatory analysis, using high complexity lab test protocols including GC-MS, LC-MS, and Elisa technology for medication compliance); and Voltaren 1% Gel, 100 gm tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology testing (on-site collection/off-site confirmatory analysis, using high complexity lab test protocols including GC/MS, LC/MS, and Elisa technology for medication compliance): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43, 78-79, 85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, p77-78.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2001 and continues to be treated for radiating low back pain when seen, she was noted to ambulate with an antalgic gait with use of a cane. There was decreased and painful lumbar spine range of motion with tenderness. Straight leg raising was positive on the left side. There was decreased left lower extremity sensation. Medications were refilled. Vicodin, Naprosyn, Ultram, omeprazole, and Voltaren gel were being prescribed. Criteria for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months and the request was medically necessary.

Voltaren 1% Gel, 100 gm tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant has a remote history of a work injury occurring in December 2001 and continues to be treated for radiating low back pain when seen, she was noted to ambulate with an antalgic gait with use of a cane. There was decreased and painful lumbar spine range of motion with tenderness. Straight leg raising was positive on the left side. There was decreased left lower extremity sensation. Medications were refilled. Vicodin, Naprosyn, Ultram, omeprazole, and Voltaren gel were being prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Naprosyn was also being prescribed. Prescribing two NSAID medications is duplicative and not medically necessary.

