

Case Number:	CM15-0167132		
Date Assigned:	09/04/2015	Date of Injury:	04/28/2014
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/25/2015

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, Hawaii

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 54 year old male who sustained an industrial injury on 04-28-2014. There was no mechanism of injury documented. The injured worker was diagnosed with acute lumbar strain and rule out lumbar disc herniation. No surgical interventions were documented. Treatment to date has included diagnostic testing, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on July 14, 2015, the injured worker continues to experience low back pain radiating to the bilateral lower extremities with the right side having numbness and tingling to the bottom of the right foot. The injured worker rated his pain at 6 out of 10 without medications and 2 out of 10 on the pain scale with medications. Examination of the lumbar spine demonstrated decreased range of motion with tenderness and hypertonicity to the paraspinal muscles, right side greater than the left side. Straight leg raise was positive on the right at 60 degrees. Sensation was decreased at L4-L5 on the right. Motor strength was normal bilaterally. Current medications were listed as Ultram, Anaprox, Ambien, and Prilosec. Treatment plan consists of an L4-L5 epidural steroid injection, home exercise program and the current request for KeraTek gel, transcutaneous electrical nerve stimulation (TEN's) unit and a urine drug screening.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities with the right side having numbness and tingling to the bottom of the right foot. The current request is for Kera-Tek gel 4oz. The treating physician states, in a report dated 07/14/15, "I would also like to request the Kera-Tek gel in attempt to wean him from the Naproxen and Omeprazole as he does have gastrointestinal issues. I feel that he would benefit from the topical analgesics and also in attempt to wean him from the Tramadol." (24B) Kera-Tek gel contains Methyl Salicylate an NSAID. The MTUS Guidelines are specific that topical NSAIDs are for, "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." In this case, the treating physician, based on the records available for review, states "The patient does continue with chronic pain affecting his lumbar spine. This patient has been intolerant to other treatment including medications and does remain significantly symptomatic. At this time, I am prescribing Kera-Tek gel to maintain the patient's painful symptoms, restore activity levels and aid in functional restoration." (24B) "There is little evidence to utilize topical NSAIDs for treatment of chronic pain of the spine, hip or shoulder." MTUS does not support the usage of Kera-Tek for treatment of the spine. The current request is not medically necessary.

Urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities with the right side having numbness and tingling to the bottom of the right foot. The current request is for urine toxicology screen. The treating physician states, in a report dated 07/14/15, "At this time, a urine toxicology screen is requested as part of a pain-treatment agreement during opioid therapy. The potential for substance abuse presents a therapeutic selection dilemma in managing the patient." (24B) The MTUS guidelines recommend urine toxicology drug screenings for patients that are taking opioids to avoid their misuse. Frequent random urine toxicology screens are recommended. The patient is currently taking Tramadol. In this case, the treating physician, based on the records available for review, states "As the patient's treating physician, it is my responsibility to be aware of any of the patient's inappropriate use of prescribed medication and to properly manage his care. Careful examination of the patient and external sources of information will be helpful: however, testing of the patient's biological urine still has the greatest potential to monitor true compliance. Hence, a urine drug screen is necessary." (24B) Prior urine drug screens were performed on 01/26/15 and 04/23/15. While there is no reason to suspect abuse or misuse, based on available records, it is nonetheless reasonable to conduct periodic drug screens to ensure compliance, per MTUS guidelines. The current request is medically necessary.

TENS unit x 30 days rental: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities with the right side having numbness and tingling to the bottom of the right foot. The current request is for TENS unit x 30 day rental. The treating physician states, in a report dated 07/14/15, "I would also like to request a 30-day trial of TENS unit as he has used one in the past with physical therapy and it did give him some relief. He can do that with his home exercise program." (24B) The MTUS Guidelines do support a trial of TENS for neuropathic pain. In this case, the treating physician, based on the records available for review, states "The patient does continue with significant neuropathic pain. At this time, I do recommend that patient be provided a TENS unit on a one month trial basis." (24B) As noted above, the patient has been intolerant to other medications and a home exercise program has been documented. The request is consistent with MTUS. The current request is medically necessary.