MAXIMUS Federal Services

Case Number:	CM15-0223597		
Date Assigned:	11/19/2015	Date of Injury:	01/27/2014
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/13/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 47 year old male with an industrial injury dated 01-27-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, sacroiliac (SI) joint dysfunction, anxiety, depression, knee pain with degenerative joint disease and gastritis. According to the progress note dated 10-07-2015, the injured worker reported low back and bilateral knee pain. Pain level was 3 out of 10 on a visual analog scale (VAS), unchanged from previous visit. Objective findings (05-06-2015, 09-09-2015, 10-07-2015) revealed positive facet loading test, tenderness to palpitation of the lumbar paraspinal muscles and bilateral knee crepitus. Treatment has included Magnetic Resonance Imaging (MRI) of bilateral knee and lumbar spine, urine drug test on 10-07-2015, prescribed medications, home exercise program and periodic follow up visits. Medical records indicate that the injured worker has been prescribed Voltaren gel since at least May of 2015. The utilization review dated 10-28-2015, non-certified the request for Voltaren gel 5 tubes and Urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 5 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Topical Analgesics.

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

Decision rationale: This 47 year old male has complained of lumbar spine pain and knee pain since date of injury 1/27/2014. He has been treated with physical therapy and medications. The current request is for Voltaren gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the available medical records and per the MTUS guidelines cited above, Voltaren gel is not medically necessary.

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, differentiation: dependence & addiction, Opioids, steps to avoid misuse/addiction. 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): Opioids, criteria for use, Opioids, steps to avoid misuse/addiction.

Decision rationale: This 47 year old male has complained of lumbar spine pain and knee pain since date of injury 1/27/2014. He has been treated with physical therapy and medications. The current request is for a urine drug screen. No treating physician reports adequately address the specific indications for urinalysis toxicology screening. There is no documentation in the available provider medical records supporting the request for this test. Per the MTUS guidelines cited above, urine toxicology screens may be required to determine misuse of medication, in particular opioids. There is no discussion in the available medical records regarding concern for misuse of medications. On the basis of the above cited MTUS guidelines and the available medical records, urine drug screen is not medically necessary.