

Case Number:	CM15-0097874		
Date Assigned:	05/29/2015	Date of Injury:	06/11/2014
Decision Date:	12/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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

Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 6-11-2014. A review of medical records indicates the injured worker is being treated for cervical spondylosis and neck pain and lumbar spondylosis. Medical records dated 4-10-2015 noted cervical spine, lumbar spine, and right shoulder pain. Cervical pain was rated 6-7 out of 10, frequent and worsened. Lumbar pain was rated 6-7 out of 10, frequent and worsened. Shoulder pain was 5 out of 10, frequent and unchanged from the previous visit. Physical examination noted tenderness of the cervical and lumbar spine. Range of motion to the right shoulder was 0 to 150 degrees of abduction, 0 to 160 degrees of forward flexion, external rotation 70 degrees and internal rotation 70 degrees. Treatment has included Motrin since at least 12-12-2014. Urine drug screen was consistent with MTUS and ODG. Utilization review form dated 5-8-2015 noncertified Kera-tek analgesic gel, Urine toxicology screen, and Motrin-Ibuprofen 800mg

IMR ISSUES, DECISIONS AND RATIONALES

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

Kera-Tek analgesic gel x 1: 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): Salicylate topicals. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/ Salicylate topicals.

Decision rationale: Kera-Tek analgesic gel contains menthol and methylsalicylate. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Per Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended. The guidelines state that topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the medical records that the patient is unable to tolerate oral medications. There is also no evidence that the patient has failed over-the-counter topical medication such as BenGay. In addition, as noted in ODG, "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns. (FDA, 2012)" The request for Kera-Tek analgesic gel x 1 is not medically necessary or appropriate.

Urine toxicology screen x 1: Upheld

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

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

Decision rationale: The CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The MTUS guidelines recommend drug testing to assess for the use or the presence of illegal drugs. In this case, the medical records do not establish that there is concern for the aforementioned to support the request for urine drug screen. The request for Urine toxicology screen x 1 is not medically necessary or appropriate.

Motrin/Ibuprofen 800mg #90: 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): Anti-inflammatory medications.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of improvement in function to support the continued use of anti-inflammatory agents. The request for Motrin/Ibuprofen 800mg #90 is not medically necessary or appropriate.