

Case Number:	CM14-0132016		
Date Assigned:	09/19/2014	Date of Injury:	10/26/2013
Decision Date:	10/17/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 30-year-old female with a 10/26/13 date of injury. At the time (7/21/14) of request for authorization for Diclofenac/Lidocaine (3%5%) 180g and 1 urine toxicology screening, there is documentation of subjective (cervical spine and left shoulder pain) and objective (decreased range of motion to cervical spine and left shoulder, tenderness over bilateral paraspinal and trapezius muscle, and positive shoulder depression test) findings, current diagnoses (acute cervical strain with disc desiccation, left upper extremity radicular pain, and left shoulder sprain/strain), and treatment to date (acupuncture therapy and medications (including ongoing treatment with Tramadol and Naproxen)). Medical report identifies documentation of a request for urine toxicology screen as part of a pain-treatment agreement during opioin therapy, as a potential for substance abuse. Regarding urine toxicology, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC/LIDOCAINE (3%5%) 180G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL NSAIDS.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of acute cervical strain with disc desiccation, left upper extremity radicular pain, and left shoulder sprain/strain. However, the requested Diclofenac/Lidocaine (3%5%) contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac/Lidocaine (3%5%) 180g is not medically necessary.

1 URINE TOXICOLOGY SCREENING: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of acute cervical strain with disc desiccation, left upper extremity radicular pain, and left shoulder sprain/strain. In addition, there is documentaiton of ongoing treatmetn with opioids. However, despite documentation of a request for urine toxicology screen as part of a pain-treatment agreement during opioin therapy, as a potential for substance abuse, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for 1 urine toxicology screening is not medically necessary.