

Case Number:	CM14-0146449		
Date Assigned:	09/12/2014	Date of Injury:	10/03/2013
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 26 year old male with an injury date on 10/02/2013. Based on the 07/22/2014 progress report provided by [REDACTED] the patient complains of left shoulder pain. The patient describes his left shoulder pain happens frequently and rated 5/10. On examination of left elbow revealed full ROM and without any pain. The diagnoses include the following: 1. Left humeral head confusion. 2. Rotator cuff tendonitis. 3. Left elbow sprain/strain, resolved [REDACTED]. [REDACTED] is requesting for Diclofenac/Lidocaine cream unknown quantity, Kera-Tek analgesic gel, and a urine toxicology screen. The utilization review determination being challenged is dated 08/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/06/2013 to 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclo/Lido cream unknown qty: Upheld

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

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

Decision rationale: According to the 07/22/2014 report by [REDACTED], this patient presents with left shoulder pain. The request is for Diclofenac/Lidocaine cream unknown quantity. MTUS guidelines regarding topical compound analgesics states, "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006)" MTUS also states that if one of the compounded product is not indicated, then the entire compound is not. In this case, topical NSAIDs are indicated for peripheral joint arthritis/tendinitis while Lidocaine products are allowed only in a patch form. The patient does not present with peripheral joint arthritis/tendinitis and this compound contains lidocaine cream which is not supported by MTUS. The request is not medically necessary.

Kera-Tek Analgesic Gel 4oz: Upheld

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

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

Decision rationale: According to the 07/22/2014 report by [REDACTED], this patient presents with left shoulder pain. The treater is requesting for Kera-Tek analgesic gel. This topical contains menthol and methyl salicylate, an NSAID. Regarding topical NSAIDs MTUS states, "Indications: 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 patient does not present with peripheral joint arthritis/tendinitis. Shoulder or hip joints are not considered peripheral joints. Although the treater documents some pain relief with the topical, MTUS does not support topical NSAIDs for any pain. The request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the 07/22/2014 report by [REDACTED], this patient presents with left shoulder pain. The treater is requesting for urine toxicology screen. ODG guidelines state, "Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." Review of the 07/22/2014 report shows that the patient is only on Anaprox. Review of the other reports do not show that the patient is taking any

opiates. The treater does not explain why UDS are obtained. UDS's are required for opiate management but not for other medications. The request is not medically necessary.