

Case Number:	CM14-0147407		
Date Assigned:	09/15/2014	Date of Injury:	06/12/2009
Decision Date:	10/15/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 60-year-old male with a 6/12/09 date of injury. The mechanism of injury occurred when he was holding a slab of granite and started to feel ripping in the muscles of his left and right shoulder. According to a report dated 7/21/14, the patient complained of pain in the cervical spine, lumbar spine, bilateral shoulders, and left knee rated at a 7/10, which is frequent and worsened from the previous visit. There is radiation of cervical spine pain to the bilateral upper extremities and lumbar spine pain to the bilateral lower extremities. Objective findings: tenderness of the cervical spine and lumbar spine with limited range of motion due to pain, tenderness of bilateral shoulder with limited range of motion and decreased strength, tenderness and decreased strength in left knee. Diagnostic impression: right shoulder status post rotator cuff repair, right shoulder adhesive capsulitis, left knee posterior horn medial meniscus tear, cervical sprain/strain, lumbar sprain/strain. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 8/12/14 denied the requests of Diclofenac/Lidocaine cream, Kera-Tek Analgesic gel, Urine Toxicology Screen. Regarding Diclofenac/Lidocaine cream and Kera-Tek gel, the documentation submitted does not indicate failed trials of first-line recommendations including oral antidepressants and anticonvulsants to support the need for using topical analgesics. There is no indication that the claimant was unresponsive or intolerant to oral pain medications. Regarding urine toxicology screen, there is no documentation that claimant is taking controlled medication or evidence of abuse, diversion, or hoarding related to use of medications on the current report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine cream (3%/5%) 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of lidocaine in a topical cream or lotion formulation due to the risk of toxicity. A specific rationale identifying why Diclofenac/lidocaine cream would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Diclofenac/Lidocaine cream (3%/5%) 180 grams was not medically necessary.

Kera-Tek Gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. However, while the guidelines referenced support the topical use of mental salicylates, the requested Kera-Tek has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. A specific rationale identifying why Kera-Tek Gel would be required in this patient instead of a generic equivalent was not provided. Therefore, the request for Kera-Tek Gel was not medically necessary.

Urine Toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to

assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the reports provided for review, there is no documentation that the patient is currently being prescribed a controlled medication or opioid medications. In a urine drug screen dated 3/31/14, no drugs were detected. A specific rationale as to why a urine drug screen is required in this patient was not provided. Therefore, the request for Urine Toxicology screen was not medically necessary.