

Case Number:	CM14-0153442		
Date Assigned:	09/23/2014	Date of Injury:	03/04/2005
Decision Date:	10/31/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/19/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 64-year-old male with a reported date of injury on 03/04/2005. The mechanism of injury was not listed in the records. The injured worker's diagnoses included left leg osteoarthritis. The injured worker's past treatments included pain medication and physical therapy. There was no relevant diagnostic imaging provided for review. There was no surgical history noted in the records. The subjective complaints on 09/02/2014 included pain to the lumbar spine, right knee, and bilateral hip pan. The physical examination noted tenderness to palpation of the lumbar spine, and limited bilateral rotation. The straight leg test was positive on the right and negative on the left. The injured worker's medications included Norco and diclofenac/lidocaine cream. The treatment plan was to continue the medications and refill them. A request was received for 1 urine toxicology drug screen, 1 prescription of diclofenac/lidocaine cream, and Norco (hydrocodone/APAP) 10/325 #60. The request was to decrease pain. The Request for Authorization form was dated 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 urine toxicology screen (though [REDACTED]): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California MTUS Guidelines state that drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs or to monitor therapeutic opioid usage. The injured worker has chronic pain and has been on Norco since at least 08/25/2014. As the injured worker is on an opioid and drug testing is medically necessary to monitor compliance, the request is supported by the evidence based guidelines. As such, the request for 1 Urine Toxicology Screen (though [REDACTED]) is medically necessary.

1 prescription of Diclofenac/Lidocaine cream (3%/5%), #180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regard to lidocaine, the guidelines state that there are no commercially approved topical formulations of lidocaine for neuropathic pain other than Lidoderm patches. Therefore, as the requested topical compound contains a nonapproved formulation of lidocaine, the request is not supported by the evidence based guidelines. Additionally, the frequency for the proposed medication was not provided. As such, request for 1 prescription of Diclofenac/Lidocaine cream (3%/5%), #180gm is not medically necessary.

Norco (hydrocodone/apap) 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines state 4 domains have been proposed as the most relevant for monitoring of chronic pain on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or drug related behaviors. The injured worker has chronic pain. The notes indicate that the injured worker has been on Norco since at least 08/25/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore there was no drug screen submitted to assess for aberrant behavior. Additionally the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical

pain relief, side effects, physical and psychosocial functioning, and aberrant behaviors the request is not supported by the evidence based guidelines. As such, the request for Norco (hydrocodone/apap) 10/325mg #60 is not medically necessary.