

Case Number:	CM14-0177507		
Date Assigned:	10/30/2014	Date of Injury:	11/11/2010
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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 Orthopedic Surgery 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:

44-year-old claimant with reported industrial injury of 11/11/10. Exam note 05/07/13 indicates that the claimant continues to suffer from a depressive disorder, not otherwise specified, that was predominantly caused by the orthopedic injury on 11/11/10. The claimant's psychiatric condition has not yet reached permanent and stationary status. The claimant remains temporarily partially disabled on a psychiatric basis. PR2 dated 0724/14 indicates that the claimant is improved. Exam note from 08/12/14 indicates that the claimant continues to have persistent pain within the lower back rated 10. The pain continues to radiate down both legs. The claimant notes improvement in the pain symptoms with rest and medication. The claimant is currently not working; Examination of the cervical spine reveals decreased range of motion with tenderness. Examination of the lumbar spine reveals decreased range of motion with tenderness and decreased sensation on the left and L5 and right. Examination of the bilateral shoulders reveals decreased range of motion with tenderness, positive Hawkins impingement, and Neer's impingement on the left with decreased strength and painful arc over 135 degrees on the right. The provider recommends a psychiatric evaluation for persistent stress, anxiety and depression, medications to include Anaprox 550 mg and Diclofenac Lidocaine cream (3%) 180g, a urine toxicology screen, and a follow-up visit in four weeks, The claimant returns to modified work duties on 08/12/14 with restrictions of lifting to 5 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%, Lidocaine 5% Cream 180g: 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): 111-112.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the request is not medically necessary..

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug testing (UDT). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 09/29/2014 ; urine drug testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 94-95.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states,"Opioids, steps to avoid misuse/addiction: The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse:a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement.b) Limitation of prescribing and filling of prescriptions to one pharmacy.c) Frequent random urine toxicology screens."In this case there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology from the exam note of 8/12/14. In addition multiple drug screens were obtained in the cited records. Therefore the request is not medically necessary.