

Case Number:	CM14-0179238		
Date Assigned:	11/06/2014	Date of Injury:	11/08/2012
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family 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:

This is a 57-year-old male patient who reported an industrial injury on 11/8/2012, over two (2) years ago, attributed to the performance of his usual and customary job tasks. The patient was being treated for the diagnoses of cervical strain; rule out disc herniation; mild degenerative change of the thoracic spine; L4-L5 disc herniation; spondylolisthesis at L5-S1; left shoulder rotator cuff syndrome; left shoulder tendinitis; status post lumbar fusion L4-S1; status post lumbar laminectomy followed by and L5-S1 posterior fusion and then a L4-L5 adjacent level fusion performed in 2012 and 2013. The initial orthopedic consultation dated 9/19/2014, reported that the patient complained of low back pain radiating to the bilateral lower extremities with a history of three prior lumbar surgeries. The patient was noted to have only minimal improvement was previously authorized physical therapy. The patient was reported to have no interval imaging studies since his last surgery. The subsequent office visit reported the patient complained of neck, back, and left shoulder pain. The pain was reportedly improved with medications and rest. The patient was noted to be taking Motrin and Anexsia. The objective findings on examination included lumbar spine with decreased range of motion; tenderness to palpation and decreased sensation on the right L4, L5, and S1 with positive Kemp's test bilaterally. The treatment plan included a prescription for Keratek topical analgesic gel to decrease pain further and discontinue Motrin due to reported gastrointestinal (GI) effects. The provider recommended a urine drug screen. The AME evaluation dated 9/2/2014 documented a comprehensive history and physical examination and recommended future medical care to include conservative treatment for the neck and left shoulder flareups of pain, including physical therapy (PT), chiropractic, and steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keratek analgesic gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 pages 114-115 and Official Disability Guidelines (ODG) Pain Chapter topical analgesics; NSAIDs

Decision rationale: The prescription for Kera-Tek analgesic gel is not medically necessary for the treatment of the patient for pain relief for the orthopedic diagnoses of the patient as opposed to the readily available salicylate preparations available over-the-counter (OTC). It is not clear that the topical salicylate gel is medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The request for Kera-Tek analgesic gel is not medically necessary for the treatment of the patient for the diagnosis of lower back pain. There are many alternatives available OTC for the prescribed topical analgesics or topical salicylates. The use of the topical creams or gels do not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Kera-Tek analgesic gel not supported by the applicable ODG guidelines as cited below. The continued use of topical non-steroidal anti-inflammatory drugs (NSAIDs) for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. The prescription for Kera-Tek analgesic gel is not medically necessary for the treatment of the patient's pain complaints. The prescription of Kera-Tek analgesic gel is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The objective findings in the clinical documentation provided do not support the continued prescription for the treatment of chronic pain over the available OTC topical salicylate preparations.

Urine toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter--drug testing; screening for addiction; Urine drug testing

Decision rationale: The patient has been ordered and provided a future urine toxicology screen without any objective evidence to support medical necessity. The performed test was based on policy and not medical necessity. The qualitative urine drug screen was ordered as a baseline study based on office procedure for all patients without any objective evidence or rationale to support medical necessity. The screen is performed routinely without objective evidence to support medical necessity or rationale to establish the criteria recommended by evidence based guidelines. The diagnoses for this patient do not support the use of opioids, as they are not recommended for the cited diagnoses or prescribed medicine for chronic back pain. The AME has recommended non-narcotic medications. There is no demonstrated medical necessity for a urine toxicology screen and it is not clear the provider ordered the urine toxicology screen based on the documented evaluation and examination for chronic pain. There was no rationale to support the medical necessity of a provided urine toxicology screen based on the documented objective findings. The patient should be on OTC medications as necessary. There is no demonstrated medical necessity for the provision of a urine drug screen for this patient based on the provided clinical documentation and the medications prescribed. There were no documented indicators or predictors of possible drug misuse in the medical documentation for this patient. There is no clear rationale to support the medical necessity of opioids. There was no indication of diversion, misuse, multiple prescribers, or use of illicit drugs. There is no provided clinical documentation to support the medical necessity of the requested future urine toxicology screen. There is no objective medical evidence to support the medical necessity of a comprehensive qualitative urine toxicology screen for this patient. The prescribed medications were not demonstrated to require a urine drug screen and there was no explanation or rationale by the requesting physician to establish medical necessity. The provider has requested a drug screen due without a rationale to support medical necessity other than to help with medication management. There was no patient data to demonstrate medical necessity or any objective evidence of cause. There is no provided rationale by the ordering physician to support the medical necessity of the requested urine drug screen in relation to the cited industrial injury, the current treatment plan, the prescribed medications, and reported symptoms. There is no documentation of patient behavior or analgesic misuse that would require evaluation with a urine toxicology or drug screen. There is no demonstrated medical necessity for the prescribed urine drug toxicology screen.