

<b>Case Number:</b>	CM14-0212923		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 34 year-old patient sustained an injury on 2/12/2003. Request(s) under consideration include Prospective request for One 10-panel urine drug screen and Prospective request for 1 prescription of Lidopro Cream #2. Diagnoses include Panner's syndrome s/p arthroscopy with removal of radial head implant, triceps rupture, failed Achilled tendon graft with removal and triceps reattachment in June 2014 and chronic pain syndrome. Conservative care has included medications, TENS unit, braces, therapy modalities, and modified activities/rest. Medications list Lunesta, Oxycodone, and Xanax. The patient continues to treat for chronic ongoing symptom complaints. Report of 10/28/14 from the provider noted continued difficulty use of the arm without triceps function with depression. Exam showed patient wearing an elbow sleeve with limited range of flex/ext 105/70 degrees; healed flap, painful motion with decreased grip strength. The request(s) for Prospective request for One 10-panel urine drug screen and Prospective request for 1 prescription of Lidopro Cream #2 were non-certified on 12/2/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One 10 panel urine drug screen:** Upheld

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

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

**Decision rationale:** Per MTUS Guidelines, urine drug screening (UDS) is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2003 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The 10-panel urine drug screen is not medically necessary and appropriate.

**Lidopro Cream #2:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient with arm pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2003 without documented functional improvement from treatment already rendered. The Lidopro Cream #2 is not medically necessary and appropriate.