MAXIMUS Federal Services

Case Number:	CM14-0212969		
Date Assigned:	12/30/2014	Date of Injury:	03/14/2012
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of March 14, 2012. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a request for a Keratek analgesic gel, failed to approve urine toxicology screen, and approved Norco. The claims administrator referenced an October 28, 2014 progress note in its determination. The claims administrator stated that the applicant had had earlier drug testings of August 11, 2014, May 23, 2014, and April 1, 2014. The applicant's attorney subsequently appealed; however, no clinical progress notes were incorporated into the Independent Medical Review packet, which comprised of the IMR application, an appeal letter from the applicant's attorney dated December 19, 2014, and historical Utilization Review Reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kara-tek analgesic gel #4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Functional Restoration Approach to Chronic Pain Management Page(s): 105; 7.

Decision rationale: No, the request for Keratek analgesic gel was not medically necessary, medically appropriate, or indicated here.Keratek analgesic gel, a salicylate topical, was not medically necessary, medically appropriate, or indicated here. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of salicylate topicals such as Keratek in the chronic pain context reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant's work status was not clearly outlined. No clinical progress notes were attached to the application for Independent Medical Review. The applicant's response to ongoing usage of Keratek was not detailed or described. The documentation on file failed to establish the presence of any evidence of functional improvement as defined in MTUS 9792.20f with ongoing usage of Keratek analgesic gel, although it is acknowledged that the October 28, 2014 progress note which the claims administrator based this decision upon was not incorporated into the Independent Medical Review packet. The information which was on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing topic.

Decision rationale: Similarly, the request for a urine toxicology screen (AKA urine drug test) was likewise not medically necessary, medically appropriate, or indicated here.While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and eschew confirmatory and/or quantitative drug testing outside of the emergency department drug overdose context. Here, however, the attending provider did not clearly state what drug tests and/or drug panels were being tested for. The attending provider did not clearly state why the applicant was being re-tested so soon removed from earlier drug test of August 11, 2014, May 23, 2014, and April 1, 2014. ODG suggests that an attending provider should attempt to categorize an applicant into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, as noted previously, no clinical progress notes were incorporated into the Independent

Medical Review packet, including the October 28, 2014 progress note which the claims administrator based its decision upon. The information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.