

Case Number:	CM14-0056880		
Date Assigned:	07/09/2014	Date of Injury:	04/01/2008
Decision Date:	05/28/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/28/2014

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. 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, New York, 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 35-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 1, 2008. In a Utilization Review report dated March 20, 2014, the claims administrator failed to approve a request for Keratek analgesic gel and a urine drug screen. The claims administrator referenced a progress note of March 20, 2014 and March 3, 2014 in its determination. The applicant's attorney subsequently appealed. On December 5, 2014, the applicant was placed off of work, on total temporary disability, owing to 9/10 low back pain complaints. The applicant was using Norco and Flexeril for pain relief, and Xanax for anxiolytic effect, it was reported. Drug testing was apparently performed while the applicant was kept off of work. A psychiatric consultation, spine surgery consultation, and urine drug testing were endorsed. On November 18, 2014, the applicant was again placed off of work, on total temporary disability. Norco, Flexeril, and Xanax were endorsed. Urine drug testing was also ordered. Once again, the applicant was kept off of work. On February 14, 2014, Norco and Soma were endorsed for ongoing complaints of low back pain. Ancillary complaints of depression and anxiety were evident. On March 3, 2014, a Keratek analgesic gel was endorsed, along with urine drug testing. The applicant was using Norco for pain relief. 7 to 9/10 low back pain complaints were reported. The applicant was also using Norco and Soma, it was stated in another section of the note. The request for Keratek was framed as a first-time request. On March 3, 2014, the applicant was asked to obtain lumbar MRI imaging. Norco, Cymbalta, and Soma were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Karatek Analgesic Gel 4oz: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: Yes, the request for Keratek analgesic gel, a salicylate topical, was medically necessary, medically appropriate, and indicated here. As noted on page 105 of the MTUS Chronic Pain Medical Treatment Guidelines, salicylate topical such as Keratek gel are recommended in the chronic pain context present here. The request in question was framed as a first-time request for Keratek analgesic gel. The attending provider had seemingly suggested that analgesic with Norco and Soma was not entirely adequate. Introduction of Keratek analgesic gel was, thus, indicated on or around the date in question in question. Therefore, the request was medically necessary.

One Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Conversely, the request for a urine drug screen was not medically necessary, medically appropriate, and 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 attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, categorize applicant into higher or lower risk categories for whom more or less frequent drug testing would be indicated and attempt to conform to the best practices of the United States Department of Transportation (DOT) to perform drug testing. Here, however, the attending provider did not clearly state what drug tests or drug panels he intended to test for. Multiple progress notes, referenced above, did not include the applicant's complete medication list. The attending provider neither signaled his intention to conform to the best practices of the United Department of Transportation (DOT) nor signaled his intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

