MAXIMUS Federal Services

Case Number:	CM15-0177453		
Date Assigned:	09/18/2015	Date of Injury:	02/18/2008
Decision Date:	11/10/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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:

This injured worker is a 59 year old female who reported an industrial injury on 2-18-2008. Her diagnoses, and or impressions, were noted to include: left knee post-traumatic osteoarthritis; status-post total knee with revision left total knee; status-post irrigation and debridement with polyethylene exchange left total knee; superior labral tear with partial under-surface tear versus tendinosis; and compensatory right knee sprain. Recent magnetic resonance imaging studies of the right shoulder were done on 5-28-2015, noting abnormal findings. Her treatments were noted to include: physical therapy for the left knee; medication management with toxicology screenings; and modified work duties. The progress notes of 7-10-2015 reported: a follow-up regarding constant and worsening right shoulder pain, rated out of 10, and unchanged, constant left knee, rated 5 out of 10, made worse with activities; and that she was taking Norco four tablets a day, reporting improvement in pain level, down from a 9 out of 10, and from rest. Objective findings were noted to include: use of cane; tenderness over the mid-line of the cervical spine, tenderness and hypertonicity over the para-spinals, and asymmetric loss of cervical range-of-motion; tenderness over the mid-line of the lumbar spine, tenderness and hypertonicity over the lumbar para-spinals, and asymmetric loss of lumbar range-of-motion; and specific degrees of right shoulder range-of-motion, with positive Hawkins impingement and Neer's impingement tests, tender subacromial space, and decreased strength in flexion, abduction and external rotation of the right shoulder. The physicians request for treatments was noted to include: a urine toxicology screen to assess the current levels of prescription medication usage; Kera-Tek Gel (Methyl Salicylate-Menthol) 4 ounces - apply a thin layer 2-3 times per day as

directed; Norco 20-325 mg, 1 tablet every 6 hours as needed, #90, with no refills; and Prilosec 20 mg, 1 capsule daily, #30, with no refill. The Request for Authorization, dated 7-23-2015, was for: urine toxicology screen; Kera-Tek Gel (Methyl Salicylate-Menthol) 4 ounces - apply a thin layer 2-3 times per day as directed; Norco 20-325 mg, 1 tablet every 6 hours as needed, #90, with no refills; and Prilosec 20 mg, 1 capsule daily, #30, with no refill. The Utilization Review of 8-21-2015 non-certified the requests for a urine toxicology screen, qualitative, multiple drug classes by high complexity test method, and Kera-Tek Gel, Prilosec 20 mg #30, and Norco 10-325 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine toxicology screen is not medically necessary.

Kera-Tek Gel 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Kera-Tek Gel 4 oz is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #90 is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20mg #30 is not medically necessary.