

Case Number:	CM15-0048048		
Date Assigned:	04/24/2015	Date of Injury:	12/23/2013
Decision Date:	05/21/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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:

The injured worker (IW) is a 58-year-old female who sustained an industrial injury on 12/23/2013. She reported neck, shoulder, and low back pain. On the 02/09/2015 evaluation, she complained of headaches and memory loss, burning radicular neck pain and muscle spasms that were constant and moderate to severe in intensity rated a 7/10, and aggravated by movement of the head and associated with numbness and tingling of the bilateral upper extremities. She also had bilateral shoulder pain radiating down the arms to the fingers associated with muscle spasms. She complained also of burning radicular low back pain and muscle spasms radiating to both hips. She expressed feeling anxious, depressed secondary to her chronic pain, physical limitations, inability to work, and uncertain future due to the work injury. Recent treatment consisted of acupuncture, chiropractic care and medications. Requests for authorization were presented for the following: Urine Analysis, Unknown Prescription of Menthol, Unknown Prescription of Capsaicin, Unknown Prescription of Flurbiprofen, and Unknown Prescription of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Analysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Chronic pain programs, opioids; Medications for chronic pain; Opioids Page(s): 34, 60, 74-96. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I ? Evidence Assessment, Pain Physician 2012; 15:S1-S66. 2) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012;14(4):PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/>.

Decision rationale: A urine analysis is a laboratory test that analyzes urine for specific gravity, ph, sugar, protein and cells. A urine drug test, on the other hand, is a technical analysis of a urine specimen to determine the presence or absence of specified parent drugs or their metabolites. Drug testing a blood sample is considered to be the most accurate test for drugs or their metabolites but is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. Review of the available medical records for this patient reveals that the provider requested a "UA toxicology" test but the utilization reviewer understood this to mean a urinalysis. There is no indication for a urine analysis at this point in the patient's care. Medical necessity for this procedure has not been established. However, the utilization reviewer should re-look at the request, as the "UA" part of the request appears to be just the provider's shorthand for "urine" in his request of a urine drug tox screen. The request IS NOT medically necessary.

Unknown Prescription of Menthol: Overturned

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): 111-13.

Decision rationale: Menthol is a topically used product which works by temporarily relieving minor aches and pain of muscles and joints (e.g., from arthritis, backache, sprains). Menthol is a topical analgesic medication with local anesthetic and counter-irritant qualities. The MTUS does not comment on the topical use of menthol although the use of topical agents to control pain is considered by the MTUS to be an option in therapy of chronic pain. However, it is considered largely experimental, as there is little to no research to support their use. This patient has non-

radicular musculoskeletal pain and a trial of this medication is a viable option. There are no counter-indications for use of Menthol and the patient has been using it with good effect. Medical necessity for use of this preparation has been established. The request IS medically necessary.