

Case Number:	CM14-0146409		
Date Assigned:	09/12/2014	Date of Injury:	03/04/2005
Decision Date:	10/22/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 64 year old male who reported an injury to his right knee. No information was submitted regarding the initial injury. A clinical note dated 06/30/14 indicated the injured worker complaining of right knee pain rated 7/10. The injured worker reported worsening symptoms at the right knee including radiation of pain into the lower leg. Continued use of Norco was providing some benefit. The injured worker stated he was having difficulty with ambulation secondary to increased pain. The injured worker utilized Norco for ongoing pain relief. A clinical note dated 01/23/14 indicated the injured worker complaining of numbness and tingling in the feet. Upon exam sensation was decreased along the L4 and L5 distributions. The operative report dated 01/10/14 indicated the injured worker undergoing facet injections at L4-5 and L5-S1. The urine drug screen on 12/02/13 revealed consistent findings with the prescribed drug regimen. The utilization review dated 01/06/14 resulted in certification for continued use of hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology Screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Criteria for Use of Urine Drug Testing

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

Decision rationale: The injured worker complained of low back and right knee pain. The injured worker continued using Norco for ongoing pain relief. Urine drug screens are indicated for injured workers who continue with opioid therapy to address ongoing complaints. Given the use of Norco this request for urine drug screen is indicated in order to monitor compliance with the prescribed drug regimen. Therefore, this request is medically necessary.

Diclofenac/Lidocaine Cream (3%/5%) #180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs; Regarding Lidocaine, topical; Topical Analgesics.

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

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.