

Case Number:	CM13-0006322		
Date Assigned:	12/11/2013	Date of Injury:	12/03/2010
Decision Date:	01/21/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee, who has a filed a claim for chronic neck pain, reportedly associated with an industrial injury of December 3, 2010. In a utilization review report of July 22, 2013, the claims administrator conditionally denied a request for topical Terocin, functional capacity evaluation; computerized range of motion testing and x-rays of the cervical spine. The applicant later appealed. The only clinical note on file is July 9, 2013 note in which the attending provider apparently performs computerized range of motion and manual muscle testing on numerous body parts, including the cervical spine and multiple digits, the wrist, elbow, and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine drug testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Pain (Chronic), Criteria for Use of Urine Drug Testing

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform a urine drug testing. As noted in the ODG Chronic Pain Chapter urine drug testing topic, criteria for usage of urine drug testing include enclosing a list of all medications that an applicant is taking along with the request for urine drug testing. An attending provider should also clearly furnish a list of those drug tests and/or drug panels which he intends to test for. In this case, however, neither of the aforementioned criteria were met. The attending provider did not furnish the list of drug tests and/or drug panels, which he intended to test for, nor does he furnish the applicant's medications list. Therefore, the original utilization decision is upheld. The request remains noncertified, on independent medical review.

Tramadol strength and quantity unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94.

Decision rationale: The request for tramadol in unknown strengths and quantities is not medically necessary, medically appropriate, or indicated here. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated for moderate-to-severe pain. In this case, however, no clinical progress notes were attached to the request for authorization. There is no evidence that the applicant in fact was experiencing or reporting moderate-to-severe pain for which usage of tramadol was indicated. Therefore, the request remains noncertified, on independent medical review.

Topical cream strength and quantity unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The request for an unknown topical cream is also not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-Adopted ACOEM guidelines in chapter 3, oral pharmaceuticals are a first line palliative method. In this case, there is no evidence of intolerance to and/or failure of first line oral pharmaceuticals so as to make a case for topical analgesics, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental."

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines 2nd Ed., Independent Medical Examinations and Consultations Chapter, pgs. 137-138

Decision rationale: The proposed functional capacity evaluation is not medically necessary, medically appropriate, or indicated here. While the MTUS does not address all parameters for performing an FCE, it does note, on page 125 of the MTUS of the MTUS Chronic Medical Treatment Guidelines, the FCEs can be performed as a precursor to enrollment in a work hardening program. In this case, however, there is no evidence that the applicant is intent on attending a work hardening program. Again, no clinical progress notes were attached to the request for authorization or application for IMR. It is further noted that chapter 7 ACOEM guidelines notes that FCEs are widely used, overly promoted and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. For all of these reasons, then, the request is not certified.

X-ray of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The proposed x-rays of the cervical spine are also not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-Adopted ACOEM guidelines in chapter 8, table 8-8, plain films x-rays represent the initial studies for the cervical spine when red flags or neurologic deficits associated with trauma, tumor, and/or infection are present. In this case, however, no such red flags or suspected red flags were described as present, evident, or suspected. Again, no clinical progress notes were attached to the request of authorization or application for IMR. Therefore, the request remains noncertified.