

Case Number:	CM13-0022782		
Date Assigned:	04/25/2014	Date of Injury:	10/24/1995
Decision Date:	06/10/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/11/2013

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 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 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 patient is a represented [REDACTED] employee who has filed a claim for chronic regional pain syndrome, ilioinguinal neuralgia, lateral femoral cutaneous neuralgia, lower extremity neuropathy, right ankle arthritis, and psychological stress reportedly associated with an industrial injury of October 24, 1995. Thus far, the patient has been treated with the following: Analgesic medications; earlier foot and ankle surgery; transfer of care to and from various providers in various specialties; psychotropic medications; topical compounds; orthotics; and right lower extremity sympathetic blocks. In a Utilization Review Report dated September 4, 2013, the claims administrator approved a psychological evaluation with a pain psychologist, denied a request for retrospective urine drug testing, and denied a request for five Valium tablets. Valium was apparently denied on the grounds that the patient was already using another anxiolytic medication, Ativan. The patient's attorney subsequently appealed. An April 15, 2014 progress note did not detail the patient's medication list. The patient's treating provider stated that the patient was considering compromising and releasing her Workers' Compensation claim. On January 15, 2014, the patient was described as using a variety of medications, including AcipHex, Advil, Amitiza, biotin, calcium, Dymista, Synthroid, Estrace, Percocet, Robaxin, Wellbutrin, Restoril, Tylenol, potassium, and Zyrtec. On August 12, 2013, the attending provider did note that the patient had issues with increased anxiety and depression. Five tablets of Valium, however, were endorsed to treat travel-related muscle spasm. Urine drug testing was also endorsed on this date. While the results of the urine drug testing of August 12, 2013 were not provided, later drug testing of November 13, 2013 was notable for the fact that five different amphetamine metabolites, seven to eight different benzodiazepine metabolites, and approximately 15 to 20 opioid metabolites were tested for.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG TESTING FOR MEDICATION COMPLIANCE MONITORING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT).

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should attempt to conform to the best practices of the United States Department of Transportation (DOT) representing the most legally defensible means of performing drug testing. In this case, the drug testing seemingly performed by the attending provider on other occasions was non-standard. Multiple opioid and non-opioid metabolites were tested for. Quantitative testing was performed, which, per ODG, is not recommended outside of the emergency department drug overdose context. Finally, the attending provider did not state precisely which drug tests and/or drug panels he intended to test for along with the request for authorization for testing. Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.

VALIUM 5 MG, #5 TABLETS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, the range of action of benzodiazepines such as Valium includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the attending provider stated that he intended to use a time-limited, five-tablet supply of Valium to combat issues with acute muscle spasm. This is an approved indication for usage of Valium, per page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.