

Case Number:	CM13-0037704		
Date Assigned:	12/18/2013	Date of Injury:	09/05/2006
Decision Date:	02/18/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/24/2013

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 Family Medicine and is licensed to practice in Texas. 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 patient is a 69-year-old male who reported an injury on 02/01/2001. The patient is currently diagnosed as status post right shoulder open decompressive surgery with residual, lumbar discogenic disease with radiculopathy, cervical discogenic disease with radiculopathy, and probable carpal tunnel syndrome bilaterally. The patient was seen by [REDACTED] on 09/04/2013. The patient reported persistent lower back pain with weakness in the right upper extremity. Physical examination revealed spasm, painful range of motion, positive Lasegue testing bilaterally, positive straight leg raising bilaterally, 4/5 motor weakness, cervical spine spasm, decreased range of motion, and weakness. Examination of the right shoulder also revealed painful range of motion. Treatment recommendations included continuation of a back brace and TENS unit, as well as a refill on Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Unspecified Drug: 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): 74-82.

Decision rationale: As per the clinical note submitted, it is stated on 09/04/2013, "the patient prefers medical marijuana as opposed to pain medication or anti-inflammatories; however, the patient continues to use Norco." It is unclear whether the physician is attempting to refill the patient's medical marijuana, anti-inflammatory medication, or Norco. Additionally, the physician does not list a dosage, quantity, or instructions for taking the medication. The patient has utilized Norco in the past without evidence of functional improvement. Based on the clinical information received, the request is noncertified.

Continued use of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. As per the clinical note submitted, there is no documentation of how often the unit is used, outcomes in terms of pain relief or function, nor evidence of medication usage. There is no evidence of a treatment plan including the specific short and long term goals of treatment with a TENS unit. Despite the ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated. Based on the clinical information received, the request is noncertified.

Retrospective request for Urine Drug Screen (DOS: 09/04/13): Upheld

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

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

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical note submitted, the patient's injury was over 12 years ago to date. There is no indication that this patient falls under a high risk category that would require frequent monitoring. While a point of contact immunoassay urine screen may be consistent with the recommendation of current evidence based guidelines, the medical necessity for confirmation testing has not been established. Based on the clinical information received, the request is noncertified.

