

Case Number:	CM13-0040167		
Date Assigned:	12/20/2013	Date of Injury:	03/29/2002
Decision Date:	02/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 filed a claim for chronic neck pain reportedly associated with an industrial injury of March 29, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; a prior cervical fusion surgery; prior right shoulder surgery; transfer of care to and from various providers in various specialties; extensive periods of time off of work; an MRI of the brain on September 6, 2013, notable for age-related changes with no evidence of a discrete focal hemorrhage. The applicant has been deemed "permanently disabled," the attending provider writes on numerous notes. In a utilization review report of October 10, 2013, the claims administrator certified the request for Suboxone, Paxil, Xanax, Colace, and Motrin while non-certifying a urine drug screen and a pain management program. The applicant's attorney later appealed. A clinical progress note of September 14, 2013, is notable for comments that the applicant reports persistent neck pain, shoulder pain, and bruising. Her pain ranges from 4-5/10 with medications and 10/10 without medications, it is stated. The applicant continued to deteriorate. She is having memory loss, balance, and easy bruising issues. She is asked to get a laboratory testing. She is reportedly having issues with suicidal ideation. She is asked to undergo a chronic pain program to try and wean herself off of her medications. Several medications are refilled. The urine drug screen decision is appealed. A urine drug screen of July 19, 2013, is reviewed. It is very difficult to interpret. The particular urine drug panel includes both screening and confirmatory testing and tests for approximately 100 different opioids and antidepressant metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

NESP-R Pain Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the criteria for participation in chronic pain program is evidence that an applicant is not a candidate for "surgery or other treatments" which would clearly be warranted. It is also not clearly stated that the applicant is motivated to change and/or going to forgo disability payments to effect that change, another criteria for pursuit of said chronic pain program. It is further noted that if the applicant is indeed having suicidal ideations or suicidal intent, as suggested by the treating provider, then she may be a candidate for an inpatient psychiatric admission. Thus, there are other treatments that would help her in addition to the chronic pain program. The criteria set forth on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines for pursuit of a chronic pain program have not been met. Therefore, the request remains non-certified.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse intermittent urine drug testing in the chronic pain population, the MTUS does not establish specific parameters for or a frequency with which to perform urine drug testing. The ODG chronic pain chapter urine drug testing topic suggests that an attending provider furnish a complete list of medications that an applicant is taking along with the request for authorization. It also suggests that an attending provider clearly state those drug tests and/or drug panels which he intends to test for. In this case, the attending provider did not clearly state the applicant's entire medication list and/or medication profile, although he did refill several medications. He did not clearly state what drug testing and/or drug panel he intended to test for. Based on a survey of prior drug tests, however, it appears that the attending provider intended to perform confirmatory testing. Per ODG, this is not recommended outside of the emergency department drug overdose context. The attending provider, based on the results of prior drug testing, seemingly intended to perform nonstandard multi-panel testing including multiple metabolites, none of which conform to the department of transportation (DOT) Guidelines endorsed by ODG. For all these reasons, then, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

