

Case Number:	CM13-0041560		
Date Assigned:	04/25/2014	Date of Injury:	12/07/2009
Decision Date:	07/07/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 49 year old female who was injured on 12/07/2009. The mechanism of injury is unknown. Prior treatment history has included Naprosyn and Cyclobenzaprine. The patient's medications as of 12/23/2013 include metformin 500 mg, hydrochlorthiazide HCTZ 12.5 mg, lovastatin 10 mg and Voltaren gel. There are no diagnostic studies for review. Comprehensive medical legal evaluation dated 12/23/2013 reports the patient is diagnosed with obstructive sleep apnea, hypertension, adult onset diabetes mellitus and hyperlipidemia. A comprehensive orthopedic evaluation dated 06/10/2013 reports the patient states there is no real change in her symptomology. There is no physical exam performed. The patient is diagnosed with cervicalgia, lumbago, and carpal tunnel syndrome. The treatment and plan includes medication prescribed as necessary and follow up in 12 weeks for re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT).

Decision rationale: According to the ODG, Urine drug testing (UDT) is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The MTUS Chronic Pain Guidelines recommend urine drug testing for patient taking opioids. The medical records document the patient was diagnosed with cervicgia, lumbago, and carpal tunnel syndrome. The patient was on Naprosyn and Cyclobenzaprine. The patient does not appear to be taking opioids. Further, there is no mention of aberrant behavior or high risk of aberrant behavior with regard to drug use. Medical necessity has not been established. As such, the request is not medically necessary and appropriate.

ONGOING FOLLOWUP APPTS X3, EVERY 3 MONTHS: 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 Page(s): 177.

Decision rationale: According to the ACOEM Guidelines, follow-up visits occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. In this case, the patient is a 49 year old female injured on 12/17/09 with multiple body part complaints including chronic neck pain. She has seen a number of different specialists. The patient was apparently made permanent and stationary in late 2011 without a provision for follow-up appointments every 3 months. In any case, while the patient appears to need follow-up appointments for her orthopedic, psych, and internal medicine complaints, repeat visits can be scheduled based on her situation at the time. She does not appear to suffer from a medical condition that necessitates follow-ups every 3 months on an indefinite basis. Medical necessity has not been established. As such, the request is not medically necessary and appropriate.