

Case Number:	CM13-0046176		
Date Assigned:	12/27/2013	Date of Injury:	08/02/2012
Decision Date:	04/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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:

This is a 47 year old male patient s/p injury 8/2/12. The patient was declared permanent and stationary on 4/24/13. Per the permanent and stationary report, the future medical treatment section stated that the patient's complaints of pain are not credible; it is believed to be symptom magnification. There were no significant objective findings and no future medical treatment is indicated. 9/4/13 progress note stated that the patient has pain the low back and thigh. He has been treated with medication (Norco and Naprosyn), therapy, and injections. 8/27/13 note states that TENS unit helps with pain. 10/1/13 note indicates that prescriptions are given for hydrocodone, flector patch. There is documentation of a 10/11/13 adverse determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANDOM URINE DRUG SCREENS 2-3 TIMES/ YEAR (G0434 X 9 UNITS X 2-3 TIMES PER YEAR): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, PAIN TREATMENT AGREEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. This patient is noted to be prescribed hydrocodone. However, there is no indication of aberrant drug behavior or concern for misuse. While a single urine drug screen may be indicated, there is no medical rationale for random urine drug screens 2-3 times per year as requested. The request is not medically necessary.

TENS UNIT PATCHES FOR NEXT 4-6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. The 8/27/13 note indicated that TENS unit is helpful. However, there is a paucity of information regarding parameters of TENS unit use, objective measures of functional benefits and pain relief, and a plan for long term goals. The request is not medically necessary.