

Case Number:	CM13-0047088		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2003
Decision Date:	03/26/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 61-year-old male who reported an injury on 01/21/2003. The mechanism of injury was not provided for review. The patient developed chronic low back pain and right ankle pain. The patient's treatment history included surgery, chiropractic care, acupuncture, multiple medications and epidural steroid injections. The patient's most recent clinical evaluation documents that the patient has low back pain rated at a 7/10 to 8/10 and ankle pain rated at a 9/10. Physical findings included decreased left-sided grip strength and lumbar range of motion that elicited pain. The patient's diagnoses included lumbago, lumbago radiculitis, lumbar spine multilevel disc bulges, facet joint hypertrophy and right plantar fasciitis. The patient's treatment plan included a urine toxicology screen, a DNA test to assess the patient's ability to metabolize medications, consultation with a neurosurgeon and the prescription of a Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested urine toxicology screening is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of drug testing when patients have signs and symptoms related to inappropriate drug usage. The clinical documentation submitted for review does not provide any evidence that the patient has symptoms of overuse or underuse of medications. Although the patient does have significant pain complaints, these complaints have been consistently documented. Therefore, the suspicion of illicit drug use or inappropriate usage of medications is not supported. As such, the requested 1 urine toxicology screening is not medically necessary or appropriate.

DNA Test: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Genetic Testing for Opioid Abuse

Decision rationale: The requested DNA test is not medically necessary or appropriate. The Official Disability Guidelines do not recommend genetic testing for potential opioid abuse. There is a lack of scientific evidence to support the efficacy of this type of testing when assessing a patient's medication usage. Therefore, the need for DNA testing is not established. As such, the requested 1 DNA test is not medically necessary or appropriate.

Consultation with a neurosurgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The requested 1 consultation with a neurosurgeon is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical consultations for patients who have severe or disabling low back pain with radicular symptoms or progressive radicular and neurological deficits. The clinical documentation submitted for review indicates that the patient has recently undergone a course of chiropractic treatment with evidence of improvement in pain responses. Additionally, there is no documentation of red flag progressive neurological deficits that significantly interfere with the patient's ability to function. Therefore, the need for surgical intervention is not supported. As such, the requested 1 consultation with a neurosurgeon is not medically necessary or appropriate.

Prescription of Flector 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested prescription of a Flector patch 1.3% #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the topical use of nonsteroidal anti-inflammatory drugs when patients are unable to tolerate oral formulations or when oral formulations of nonsteroidal anti-inflammatory drugs are contraindicated through the patient. The clinical documentation submitted for review does not provide any evidence that the patient is not able to tolerate oral formulations of a nonsteroidal anti-inflammatory drug. Additionally, the California Medical Treatment Utilization Schedule only recommends the use of topical nonsteroidal anti-inflammatory drugs for short courses of treatment. The requested 60 patches would exceed a short course of treatment. As such, the requested 1 prescription of Flector 1.3% #60 is not medically necessary or appropriate.