MAXIMUS Federal Services

Case Number:	CM13-0049328		
Date Assigned:	12/27/2013	Date of Injury:	06/02/2000
Decision Date:	03/06/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	11/07/2013

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, has a subspecialty in Pain Management, 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:

This is a female patient with a date of injury of June 2, 2000. A utilization review determination dated September 24, 2013 recommends noncertification of urine drug screen, Kava Kava, and follow-up visit October 2013. An undated authorization for medical treatment request identifies that the patient has subjective complaints including severe depression related to her situation at work. The note indicates that she has slowly come out of to her depression. She has stopped taking several medications including Celexa and Fioricet. The patient complains of bilateral hand numbness and bilateral shoulder pain. The pain is rated 8/10. The note indicates that the patient has started herbal medications in lieu of some of her prescription medications. Current treatment plan recommends urine drug screen, "to assess medication compliance and identify possible drug diversion," refill Anaprox, discontinue Celexa, discontinue Fioricet, refill cidaflex, refill Medrox, discontinue lidocaine/Ketoprofen ointment, discontinue Gabadone, and start Kava Kava. A progress report dated September 13, 2013 includes no objective examination. Diagnoses include bilateral carpal tunnel syndrome, neck pain, cervical sprain/strain, chronic pain syndrome, and tension headaches. A urine drug screen performed on June 6, 2012 is positive for citalopram.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, section on Urine Drug Testing

Decision rationale: The Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The Official Disability Guidelines recommend urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no indication that the patient is currently using a controlled substance. The requesting physician has stated that the urine drug screen will be performed to assess medication compliance and identify possible drug diversion. It does not appear the patient is currently on any medications which would likely be diverted. Additionally, does not appear the patient is using any medications which would require a urine drug screen to monitor compliance. In the absence of clarity regarding those issues, currently requested urine drug screens not medically necessary.

Kava Kava #60: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress Chapter, section on Kava Extract (for anxiety)

Decision rationale: The Official Disability Guidelines state that Kava Kava may be recommended in the aqueous extract form. Within the documentation available for review, there is no indication that the currently prescribed Kava Kava is being supplied in the aqueous extract form. Additionally, there are no recent subjective complaints of anxiety, or any physician description regarding the patient's anxiety complaints including how frequently they occur and their severity. In the absence of such documentation, the currently requested Kava Kava is not medically necessary.

Follow-up visit October 2013: Overturned

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 ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: ACOEM Guidelines state physician follow-ups can occur every 4 to 7 days if the patient is off work and within 7 to 14 days if the patient is working. Within the

documentation available for review, it appears the patient is relatively stable. The requesting physician is continuing to prescribe medication which requires some oversight. Additionally, portions of the requesting physician's treatment plan did not have adequate documentation of medical necessity, and therefore may need to be reconsidered, or additional documentation may need to be generated. As such, the currently requested follow-up appointment October 2013 is medically necessary.