MAXIMUS Federal Services

Case Number:	CM13-0050350		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2012
Decision Date:	03/11/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/13/2013

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 and 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 59-year-old female who reported an injury on 4/11/12. She slipped and fell, causing injury to her neck, right shoulder, and low back. The patient's diagnoses include industrial-related C5-6 and C6-7 stenosis with radiculitis, and persistent pain and weakness. The patient's medications included docuprene, Omeprazole, and naproxen. It is also noted that the patient was applying topical creams for pain relief. The patient's most recent clinical examination findings documented 7/10 pain in the mid and upper back. Objective findings included grade 3 tenderness to palpation in the paraspinal cervical musculature with restricted range of motion. It was noted that the patient had received approximately 10% improvement with treatment, to include chiropractic care and LINT therapy. The patient's diagnoses included cervical spine musculoligamentous strain/sprain, and cervical spine disc protrusion. The patient's treatment plan included continued chiropractic therapy, prescription of FluriFlex cream, and urine toxicology for medication monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol and Tramadol 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule recommends drug testing to monitor patients with drug-seeking and aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient has any physical signs or symptoms that would provide suspicion of aberrant behavior. The clinical documentation provided for review does not provide any evidence that the patient is on either of these medications, so the need for testing for these medications is not clearly indicated. As such, the request is not medically necessary or appropriate.

The retrospective request for multiple, high complexity drug screens to include urine creatine test, nitrates test, assay PH body fluids nos, and acetaminophen testing: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: The requested retrospective lab work for Carisoprodol and Tramadol testing is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends drug testing for monitoring patients with drug-seeking and aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient has any physical signs or symptoms that would provide suspicion of aberrant behavior. Therefore, the need for medication monitoring is not clearly indicated. As such, the request is not medically necessary or appropriate.