MAXIMUS Federal Services

Case Number:	CM13-0070591		
Date Assigned:	01/08/2014	Date of Injury:	05/28/2010
Decision Date:	05/22/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation 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 37 year-old male who sustained an injury on 5/28/10 while employed By [redacted]. Retrospective 12 panel urine drug screen performed on 11/12/2013 and tens unit purchase for home use is being requested. Diagnoses included right elbow pain; left medial epicondylitis; and right knee pain. Report of 11/12/13 from the provider noted the patient with complaints of bilateral arm and right knee pain rated at 4/10 with numbness. Exam noted right elbow tenderness to palpation at olecranon process; left shoulder tender at ac joint; arm tender at medial epicondyle; right knee tender to palpation infrapatellar. medications include Flexeril and Naproxen. Treatment include medications, elbow injection, elbow straps, physical therapy, UDS, and TENS unit. The retrospective 12 panel urine drug screen and tens unit were non-certified on 12/12/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 12 PANEL URINE DRUG SCREEN PERFORMED ON 11/12/2013: Upheld

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

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

Decision rationale: The MTUS Guidelines regarding urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who is currently being prescribed Naproxen and Flexeril, both non-opiates. Presented medical reports from provider have unchanged chronic severe pain symptoms with unchanged clinical findings. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent Urine Drug Screen (UDS). Documented abuse, misuse, poor pain control, history of unexpected positive results for a Non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The retrospective 12 panel urine drug screen performed on 11/12/2013 is not medically necessary and appropriate.

TENS UNIT PURCHASE FOR HOME USE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Tens for Chronic Pain Page(s): 114-117.

Decision rationale: According to the MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received conservative medical treatment, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is being requested, whether there was functional benefit from a trial of TENS treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS unit purchase for home use is not medically necessary and appropriate.