

Case Number:	CM14-0003689		
Date Assigned:	01/31/2014	Date of Injury:	02/14/2002
Decision Date:	08/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/09/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 14, 2002. Thus far, the applicant has been treated with analgesic medications; earlier lumbar fusion surgery; opioid therapy; and the apparent imposition of permanent work restrictions. In a utilization review report dated December 10, 2013, the claims administrator denied prescriptions for a urine drug screen, Norco, and Flexeril. A November 20, 2013 progress note is notable for applicant's pain was reportedly getting worse. The applicant exhibited an antalgic gait. Permanent work restrictions were renewed, although it was acknowledged that the applicant was not working. A Toradol shot was apparently administered in the clinic setting. There was no mention of any improvements in function achieved through ongoing medication usage. The attending provider also ordered a urine drug screen and stated that said urine drug screen was not subject to utilization review.

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 Drug Testing topic Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain context, the MTUS does not establish specific parameters for or establish a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attach the applicant's complete medication list to the request for authorization for testing, and state when the last time an applicant was drug tested. In this case, however, none of the aforementioned criteria were met. It was not clearly stated when the applicant was last tested. It was not clearly stated what drug tests and/or drug panels were being sought here. The attending provider did not attach the applicant's complete medication list to the request for authorization for testing. Therefore, the request was/is not medically necessary.

Norco 10/325mg, #90: 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 When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. There has been no mention or description of any improvements in pain and/or function achieved as a result of ongoing Norco usage. If anything, the applicant's pain complaints are seemingly heightened, as opposed to reduced, despite ongoing usage of Norco. Therefore, the request was not medically necessary.

Flexeril 10mg, #90: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Norco, an opioid. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.