MAXIMUS Federal Services

Case Number:	CM14-0109877		
Date Assigned:	10/01/2014	Date of Injury:	07/30/2012
Decision Date:	10/28/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 7/30/12. A utilization review determination dated 6/27/14 recommends non-certification of [redacted] Narcotic Risk Test, pain management consult/treat to address 2nd epidural, psychiatric evaluation/treatment, flurbiprofen cream, and urine drug screen. 5/22/14 medical report identifies pain in the shoulders, neck (with tingling in the fingers), back (with pain and numbness in the left leg), right foot, and unspecified right toe. Medications are noted to be helpful. On exam, there is tenderness, positive shoulder impingement, limited ROM, facet tenderness, positive SLR bilaterally. Recommendations include UA and [redacted] test, orthopedic surgery consult, pain management consult for 2nd epidural, psychiatric evaluation for depression as patient's pain is chronic and the provider wishes to rule out "emotional mental malingering or maladjustment and to determine if there is any pain related psychological pathology," consultation for right big toe, flurbiprofen transdermal, and continuation with current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

[redacted] **narcotic risk 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, Treatment Index, Current Edition (Web), current year, Pain Chapter and ODG (http://www.odg-twc.com/odgtwc/painr.htm)

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, Cytokine DNA testing, Genetic testing for potential opioid abuse

Decision rationale: Regarding a request for [redacted] narcotic risk test, California MTUS and ACOEM do not contain criteria for this request. ODG states that genetic testing for potential opioid abuse is not recommended as current research is experimental, studies are inconsistent with inadequate statistics and large phenotype range, different studies use different criteria for definition of controls, and more work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. In light of the above issues, the currently requested [redacted] narcotic risk test is not medically necessary.

Pain management consultation (to address 2nd epidural): 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 Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for pain management consultation (to address 2nd epidural), Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no current objective findings supporting a diagnosis of radiculopathy. Additionally, there is no indication of at least 50% pain relief with associated functional improvement and reduction of medication use for at least six weeks after the first epidural injection. In the absence of such documentation, the currently requested pain management consultation (to address 2nd epidural) is not medically necessary.

Psychiatric evaluation/ treatment due to depressive disorder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102.

Decision rationale: Regarding the request for psychiatric evaluation/treatment due to depressive disorder, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, there is no identification of any significant psychological symptoms or findings of depression noted to suggest the need for specialty evaluation. Furthermore, an open-ended request for unspecified treatment is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested psychiatric evaluation/treatment due to depressive disorder is not medically necessary.

Flurbiprofen Cream 20% 180 ml (retro): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for flurbiprofen cream, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested flurbiprofen cream is non-certified.

Urine drug screening (retro): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDS) Page(s): 82. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for use of urine drug testing (http://www.odg-twc.com)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain chapter, Urine drug testing

Decision rationale: Regarding the request for a urine drug screen, CA MTUS 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. ODG recommends 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 documentation of the date and results of prior testing and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In the absence of such documentation, the currently requested urine drug screen is not medically necessary.