MAXIMUS Federal Services

Case Number:	CM14-0118007		
Date Assigned:	08/06/2014	Date of Injury:	01/20/2001
Decision Date:	09/11/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 47 year-old male who reported an injury on 01/10/2001. The mechanism of injury involved heavy lifting. The current diagnoses include cervical sprain and cervical radiculopathy. Previous conservative treatment includes medication management. The injured worker's current medication regimen includes Colace 100 mg, Norco 10/325 mg, Trazodone 50 mg, Robaxin 750 mg, and Ibuprofen 800 mg. The injured worker was evaluated on 04/28/2014 with complaints of persistent neck pain radiating into the bilateral upper extremities. Physical examination revealed 30 degree flexion, 20 degrees extension, 15 degree right and left lateral flexion and 30 to 40 degree right and left rotation. Treatment recommendations on that date included a qualitative urine drug screen, continuation of the current medication regimen, a Toradol and B12 injection, a request for a liver toxin evaluation, and a request for a psychological evaluation. A request for authorization form was then submitted on 06/26/2014 for a follow-up visit, oral medications, and a urine drug screen. It is noted that the injured worker underwent a urine toxicology screen on 06/02/2014 and 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualitative Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Urine Drug testing.

Decision rationale: The MTUS guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The ODG state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the documentation submitted, there is no mention of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity has not been established and is not considered medically necessary.

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The MTUS guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has continuously utilized this medication for an unknown duration. The injured worker continues to report 8/10 constant neck pain with radiation into the upper extremities despite the ongoing use of this medication. There is also no frequency listed in the request. Therefore this request is considered not medically necessary.

Trazadone 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Trazodone.

Decision rationale: The MTUS guidelines state antidepressants are recommended as an option for neuropathic pain, and as a possibility for non-neuropathic pain. The ODG recommends Trazodone as an option for insomnia, only for patients with potentially co-existing mild psychiatric symptoms such as depression or anxiety. The injured worker does not maintain a diagnosis of insomnia, depression, or anxiety. There is also no frequency listed in the request. As such, the request is considered not medically necessary.

Robaxin 750mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The MTUS guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no documentation of palpable muscle spasm or spasticity upon physical examination. There was also no frequency listed in the request. As such, the request is considered not medically necessary.

Liver toxin evaluation with an internist: 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): 70.

Decision rationale: The MTUS guidelines recognize the risk for liver and kidney problems due to long-term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after initiating therapy. Repeat testing is based on risk factors and related symptoms. The injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. Therefore, the medical necessity for liver toxin evaluation has not been established. As such, the request is not medically necessary.

Psychological evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: The MTUS guidelines recommend psychological evaluations. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The injured worker does not report any psychiatric symptoms. It is also noted that a previous request for a psychosocial evaluation with treatment recommendations was made in 04/2014. The medical necessity for an additional evaluation has not been established. As such, the request is not medically necessary.