

Case Number:	CM14-0160159		
Date Assigned:	10/31/2014	Date of Injury:	01/21/2000
Decision Date:	12/08/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 and bilateral knee pain reportedly associated with an industrial injury of January 21, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; various interventional spine procedures; and unspecified amounts of manipulative therapy over the course of the claim. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a urine drug screen and denied repair of an interferential unit. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 15, 2014, the applicant was given a rather proscriptive 15-pound lifting limitation, which the attending provider acknowledged was keeping the applicant from working. Multifocal low back, bilateral elbow, and left wrist pain were reported. In a separate work status report dated October 15, 2014, the applicant was placed off of work, on total temporary disability between the dates October 1, 2014 through November 26, 2014. In a medical-legal evaluation dated August 27, 2014, the applicant was given a 36% whole person impairment rating. Permanent work restrictions were imposed, apparently preventing the applicant from returning to work. In an earlier progress note dated August 28, 2014, handwritten, difficult to follow, not entirely legible, the applicant was given refills of cyclobenzaprine, diclofenac, Prilosec, Zoloft, and Lidoderm. The applicant was again placed off of work, on total temporary disability.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation ODG, Pain Chapter, Urine drug testing (UDT)

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter Urine Drug Testing topic, an attending provider should clearly state what 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, attempt to conform to the best practices of the United States Department of Transportation when performing testing, and eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context. In this case, however, the attending provider's handwritten progress notes did not clearly identify the applicant's complete medication list. The attending provider did not state when the applicant was last tested. The attending provider did not state what drug tests and drug panels he was testing for. Since several ODG criteria for pursuit of drug testing have not seemingly been met, the request is not medically necessary.

Repair of interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation. Decision based on Non-MTUS Citation ODG, Pain Chapter, interferential current stimulation (ICS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation topic, 9792.20f Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of an interferential stimulator device beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of "less reported pain and evidence of medication reduction" with concomitant evidence of increased functional improvement. In this case, however, the applicant is off of work. The applicant remains dependent on a variety of analgesic medications, including diclofenac, Flexeril, Prilosec, Zoloft, Lidoderm, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier usage of the interferential unit. Therefore, the request is not medically necessary.