MAXIMUS Federal Services

Case Number:	CM14-0172575		
Date Assigned:	10/23/2014	Date of Injury:	03/14/2010
Decision Date:	12/02/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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 & Rehabilitation; has a subspecialty in Neuro Muscular Medicine and is licensed to practice in New Jersey. 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 44-year-old male who reported an injury on 03/14/2010. The mechanism of injury was not provided. The diagnoses included cervical degenerative disc disease, degenerative joint disease, lumbar degenerative disc disease, left shoulder impingement with post-traumatic arthrosis of the acromioclavicular joint, prior left shoulder injury, depression, anxiety, insomnia, and obesity. Other treatments included tramadol, naproxen, Prozac, and topical creams. An MRI of the lumbar spine, dated 06/18/2014, revealed a 2 mm disc bulge at L4-5 without nerve root compromise, a 3 to 4 mm disc bulge at L5-S1 with bilateral nerve root compromise, and a 30% decrease in the height of the disc. Previous urine drug screenings were collected on 08/05/2014 and 07/22/2014 and were both positive for tramadol only. The progress note dated 08/05/2014, noted the injured worker complained of severe neck pain, moderate mid back pain, and severe low back pain. The physical examination revealed stiffness of the neck and back with a positive seated straight leg raise bilaterally at 90 degrees and a laying straight leg raise positive bilaterally at 60 degrees. The medications included Prilosec 20 mg twice a day, tramadol 150 mg twice a day, naproxen 550 mg 2 times a day, Prozac 20 mg 4 times a day for depression, and topical creams including ketoprofen, gabapentin, and tramadol. The treatment plan recommended a rheumatology consult and blood work to rule out any arthritis and a urine toxicology test. The Request for Authorization form was submitted for review and signed on 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

UA Toxicology: Upheld

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

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

Decision rationale: The request for UA toxicology is not medically necessary. The injured worker had chronic pain treated with tramadol. The previous urine drug screenings on 07/22/2014 and 08/05/2014 both appeared to be consistent with the prescribed medication regimen. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It is also recommended for use in conjunction with a therapeutic trial or ongoing management of opioids as a screening for risk of misuse or addiction. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification including the use of a testing instrument. Patients at low risk of addiction/aberrant behavior should be tested on a yearly basis. There is no assessment documented indicating an increased risk for addiction or misuse of medications or illegal drugs. There is no indication of a suspected misuse or abuse of medications. As such, the request for UA toxicology is not indicated or supported at this time. Therefore, the request is not medically necessary.

Rheumatology Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits

Decision rationale: The request for a rheumatology consult is not medically necessary. The injured worker had moderate to severe neck, mid back, and low back pain. An MRI of the lumbar spine revealed a 2 to 4 mm disc bulge at L4-5 and L5-S1 with dehydration. The facet joints were grossly satisfactory and the sacroiliac joints were open. The Official Disability Guidelines state the need for an office visit with a health care provider is individualized based upon review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system. There is no documentation of the injured worker's pain levels, joint range of motion, muscle strength to the affected regions, or documentation of swelling or tenderness of the joints. There is no clear correlation of osteoarthritis with imaging or laboratory evaluation. Given the lack of indication of an arthritic condition, a rheumatology consult is not indicated at this time. Therefore, the request is not medically necessary.