

Case Number:	CM14-0177654		
Date Assigned:	10/31/2014	Date of Injury:	08/20/2012
Decision Date:	12/10/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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 August 20, 2012. Thus far, the applicant has been treated with the following medications: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 15, 2014, the claims administrator approved a home exercise kit, denied Tylenol No. 3, denied a urinalysis, and approved a cane. The applicant's attorney subsequently appealed. A urine drug testing of September 24, 2014 was reviewed and did include testing for approximately 20 different opioid metabolites, 10 different Benzodiazepine metabolites, and seven different antidepressant metabolites. Confirmatory and quantitative testings were seemingly performed. In a handwritten progress note dated September 24, 2014, the applicant was placed off of work, on total temporary disability, while Tylenol No. 3, Prilosec, topical compounds, and gabapentin were renewed. The applicant was not working, it was acknowledged. The applicant's neck, low, back, and shoulder pain complaints were in the moderate-to-severe range, it was acknowledged. In an earlier note dated August 13, 2014, the applicant was again placed off of work, on total temporary disability, while topical compounded medications, Neurontin, Prilosec, and Tylenol No. 3 and Ambien were again renewed. Low back, mid back, neck, and shoulder pain were again scored at moderate to severe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Tylenol No. 3 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work, on total temporary disability, despite ongoing, longstanding Tylenol No. 3 usage. The applicant continues to report ongoing complaints of multifocal pain in the moderate-to-severe range, despite ongoing usage of Tylenol No. 3. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Tylenol No. 3 usage. Therefore, the request is not medically necessary.

Prospective request for 1 urinalysis tox screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 to test for, identify when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. In this case, however, the attending provider did not state when the applicant was last tested. The attending provider performed nonstandard testing on multiple opioid, Benzodiazepine, and antidepressant metabolites. Such testing did not conform to the best practices of the Department of Transportation (DOT). Confirmatory and/or quantitative testing were performed, despite the unfavorable ODG position on the same. Since several ODG criteria for pursuit of drug testing were not seemingly met, the request is not medically necessary.