

Case Number:	CM14-0184302		
Date Assigned:	11/13/2014	Date of Injury:	08/12/2012
Decision Date:	12/30/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/05/2014

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 eye pain, head pain, posttraumatic headaches, sleep disturbance, and depression reportedly associated with an industrial injury of August 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and reported surgical repair of an orbital fracture. In a Utilization Review Report dated October 17, 2014, the claims administrator approved a request for tramadol while denying a urine toxicology screen and also denying an ophthalmology consultation. The claims administrator invoked non-MTUS Chapter 7 ACEOM guidelines to deny the ophthalmology consultation, incorrectly stating that the MTUS did not address the topic. The claims administrator stated that the applicant had already had urine drug testing on July 15, 2014. The claims administrator stated that its denial was based on a September 17, 2014, progress note and associated RFA form. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated September 14, 2014, the applicant was described as having ongoing complaints of headaches and eye pain. The applicant had issues with blurred vision and ptosis, it was further acknowledged with occasional swelling of the eyebrow. The applicant is status post-surgical repair of an orbital fracture. The applicant had superimposed issues with diabetic retinopathy, it was stated. Residual issues with blurred vision were evident. It was stated that the applicant did need ongoing treatment for his issues with diabetic retinopathy. In an August 6, 2014, progress note, the applicant reported ongoing complaints 0 to 5/10 headaches and periorbital pain. In an October 2, 2014 letter, the applicant's ophthalmologist stated that he had incorrectly misclassified a consultation as an agreed medical evaluation. In a September 13, 2014 progress note, the applicant was given a prescription for tramadol. An ophthalmology

consultation was endorsed. The applicant's work status was not furnished. Urine drug testing was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen. 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, however, a requesting provider should clearly state what drug tests or drug panels are being tested for, attach the applicant's complete medication list to the request for authorization for testing, state when the last time the applicant was tested, and attempt to conform to the best practices of United States Department of Transportation when performing drug testing. Here, however, the applicant's complete medication list was not attached to the request for authorization. The attending provider did not clearly state when the applicant was last tested, although the claims administrator suggested that the applicant was last tested in July 2014. There was no attempts made to risk stratify the applicant into higher- or lower- risk categories for which more or less frequent drug testing will be indicated, per ODG. It was not clearly stated what drug tests or drug panels were being tested for. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Ophthalmologist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for independent medical examinations and consultations, Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a requesting provider is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedist, was likely uncomfortable treating and/or addressing the applicant's ongoing issues with alleged visual disturbances, ptosis, blurred vision, diabetic neuropathy, and/or residual periorbital pain status

post earlier orbital wall fracture repair surgery. Obtaining the added expertise of a physician better-equipped to address these issues, namely an ophthalmologist, was therefore indicated. Accordingly, the request was medically necessary.