MAXIMUS Federal Services

Case Number:	CM14-0185325		
Date Assigned:	11/13/2014	Date of Injury:	02/10/2009
Decision Date:	12/30/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/06/2014

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, hip, and pelvic pain reportedly associated with an industrial injury of February 10, 2009. Thus far, the applicant has been treated with the following: Analgesic medications, earlier lumbar spine surgery; earlier umbilical hernia repair surgery; opioid therapy; anxiolytic medication; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 14, 2014, the claims administrator retrospectively denied a follow-up exam of October 25, 2014 and also retrospectively denied a urine drug screen performed on the same date. Non-MTUS ODG Guidelines were invoked to deny the office visit. The rationale for the narrative was difficult to follow. The claims administrator stated that a said number of office visits for the condition cannot be reasonable established on the grounds that applicant's pain complaints are inherently variable. The applicant's attorney subsequently appealed. In a psychological evaluation dated October 20, 2014, the applicant reported ongoing complaints of low back pain. The applicant was status post an umbilical hernia repair surgery, it was acknowledged. The applicant had had various interventional spine procedures over the course of the claim, including sacroiliac nerve blocks. The applicant also had received psychological counseling and psychotropic medications, which he had reportedly ceased using. The applicant was given a diagnosis of major depressive disorder, with associated Global Assessment of Functioning (GAF) of 57, based on reportedly severe depressive symptoms. The applicant was reportedly working full-time in a usual and customary occupation, it was stated. In a July 28, 2014 progress note, the applicant presented with persistent complaints of low back and groin pain. The applicant was using Percocet, Opana, Xanax, and Soma, it was noted. The applicant's work status was not furnished on this occasion.On April 8, 2014, the applicant did undergo drug testing. Said drug testing did include

quantitative and confirmatory testing on various opioid metabolites, including oxymorphone and benzodiazepine metabolites, including Xanax. Multiple different opioid and benzodiazepine metabolites were tested for. On January 14, 2014, the applicant once again underwent drug testing, which, once again, included confirmatory and quantitative testing on various opioid metabolites, including oxycodone and Xanax. The applicant again underwent drug testing on May 5, 2014, confirmatory and quantitative testing was again performed on this occasion. On May 5, 2014, the applicant was given refills of Xanax, Soma, Percocet, and Opana. Confirmatory and quantitative testing was again performed on June 2, 2014. Confirmatory and quantitative drug testing for multiple opioid and benzodiazepine metabolites was again performed on June 30, 2014 as well as on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Retrospective Request for Follow-Up Exam on 08/25/2014 between 8/25/2014 and 8/25/2014.: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 79, frequent follow-up visits are "often warranted" for monitoring purposes in order to provide structure and reassurance even in applicants whose medical conditions are not expected to change appreciable from week to week. Here, the applicant has a variety of chronic pain issues. The applicant is using several different analgesic and anxiolytic medications, including Xanax, Percocet, Opana, etc. The applicant also has superimposed depressive symptoms. Continued follow-up visits with the prescribing provider are/were therefore indicated. Accordingly, the request was medically necessary.

One (1) Retrospective Request for Urine Drug Screen on 08/25/2014 between 8/25/2014 and 8/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps to Avoid Misuse/Addiction, Urine Drug Testing (UDT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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 endorse periodic drug testing in chronic pain applicants, page 43 of the MTUS does not

establish specific parameters for or identify a frequency with which to perform drug testing. However, ODG's chronic pain Chapter Urine Drug Testing topic does stipulate that requesting provider's attempt to conform to the best practices of United States Department of Transportation (DOT) when performing drug testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and/or stratify applicants into higher-risk or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not state why he was performing drug testing on the applicant as frequency as once monthly. There was no mention of the applicant is being a higher-risk individual for which more frequent testing would be indicated. Similarly, the attending provider's drug testing did, in fact, represent nonstandard drug testing which included testing for multiple different opioids and benzodiazepine metabolites. Confirmatory and/or quantitative testing was performed, despite the unfavorable ODG position on the same. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.