

Case Number:	CM14-0045890		
Date Assigned:	07/02/2014	Date of Injury:	12/26/2013
Decision Date:	08/28/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 injured worker is a 38-year-old female who reported an injury on 12/26/2013. The mechanism of the injury was presented as follows: The injured worker was helping a patient up to a bedside commode and the patient could not stand up completely. However, the injured worker was noted to get the patient on the commode. The documentation of 02/24/2013 revealed the injured worker had episodic back pain despite the fact that she was advancing in physical therapy. She had increased back pain with prolonged standing and was having difficulty sleeping at night. The documentation indicated that the injured worker was an intermediate metabolizer of the CYP2C19 gene and a poor metabolizer of the CYP2D6 gene. The physician opined this was pertinent as the injured worker was taking Norco and had taken tramadol in the past for pain. This was noted to be metabolized by the CYP2D6 gene and as the injured worker was a poor metabolizer and got reduced analgesia it fit the injured worker's presentation. The injured worker's current medications were noted to be Norco, baclofen, ibuprofen, and Valium, as well as Prevacid and Singulair. The diagnoses included internal disruption of disc probably at the L1-2 region. The treatment plan included a substitution of Dilaudid and a change from Prevacid to Protonix. Additionally, the request was made to start these medications and the request was made for a followup evaluation. There was no DWC Form RFA for the requested urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of urine drug screen DOS: 02/27/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, page 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for retrospective review of urine drug screen date of service 02/27/2014 is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, page 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues of abuse, addiction, or poor pain control. There was a lack of documentation indicating the date of request for the urine drug screen. Given the above, the request for urine drug screen is not medically necessary.

Retrospective use of Lidocaine 5% DOS:03/02/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, page 112 Page(s): 112.

Decision rationale: The California MTUS Guidelines indicate that lidocaine is recommended in the form of a dermal patch. It is not recommended in any other formulation. There was a lack of documentation of a DWC Form RFA or PR-2 submitted for the requested use of lidocaine. Additionally, there was a lack of documentation indicating a frequency, as well as quantity of medication being requested. There was a lack of documented rationale. The duration of use could not be established through supplied documentation. Given the above, the retrospective use of lidocaine 5% is not medically necessary.