

Case Number:	CM14-0078674		
Date Assigned:	07/18/2014	Date of Injury:	09/27/2002
Decision Date:	09/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 pain syndrome, chronic neck pain, chronic low back pain, and opioid dependence reportedly associated with an industrial injury of September 27, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy surgery; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 21, 2014, the claims administrator denied a request for urine drug screen, denied a request for an alcohol test, and denied a request for CT scanning of the cervical spine. The claims administrator suggested that the CT scan in question was sought on May 1, 2014. The applicant's attorney subsequently appealed. Urine drug testing was reviewed and did include testing for numerous opioid and benzodiazepine metabolites despite the fact that the applicant was negative for many of parent compounds in question. The attending provider also performed confirmatory and quantitative testing on several opioid metabolites, including Hydrocodone, Hydromorphone, Norhydrocodone, etc., again despite the fact that the applicant was positive for the parent compounds. On March 4, 2013, the attending provider refilled OxyContin and Norco. The applicant was asked to continue Neurontin, Methocarbamol, Mirtazapine, Naproxen, Protonix, and extended release Tramadol. Cervical epidural steroid injection therapy was offered. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. On June 30, 2014, the applicant reported persistent complaints of neck and low back pain radiating into left leg and left arm, exacerbated by movement and alleviated by medications. The applicant was asked to try and lose weight. Tenderness was noted about the cervical and lumbar paraspinal musculature. Multiple medications were renewed. Drug testing of June 2, 2014 was reviewed and was again positive for several different opioid and benzodiazepine

metabolites. Quantitative and confirmatory drug testing were performed on several instances. On May 1, 2014, the applicant was asked to consult a dentist regarding tooth decay. On January 6, 2014, authorization was sought for cervical epidural steroid injection therapy. In a progress note dated May 1, 2014, the applicant reported persistent complaints of neck pain radiating into left first through third digit, 6-9/10. Tenderness about the lumbar and cervical regions with limited range of motion was noted. Norco and OxyContin were renewed. A CT scan of the cervical spine without contrast was sought. The applicant was asked to consult a dentist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

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, an attending provider should clearly state which drug tests and drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, and state when an applicant was last tested. An attending provider should also attempt to stratify an applicant into higher or lower risk categories for which more or less frequent drug testing would be indicated. In this case, however, the attending provider made no effort to stratify the applicant into higher or lower risk categories for which more or less frequent testing would be indicated. The attending provider did not, furthermore, state when an applicant was last tested, nor did the attending provider clearly attach the applicant's complete medication list to the request for authorization for testing. It is further noted that ODG does not recommend quantitative or confirmatory testing outside of the emergency department drug overdose context without some rationale or justification. In this case, the attending provider performed confirmatory and quantitative testing on multiple occasions, referenced above, without any associated rationale. It was not clear why the confirmatory/quantitative testing was being performed when the applicant was already positive for the parent opioid and benzodiazepine substances. Therefore, the request was not medically necessary.

Alcohol Test: Upheld

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

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug (and alcohol) 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, confirmatory or quantitative testing's are typically not recommended outside of the emergency department drug overdose context. In this case, however, the attending provider performed quantitative, confirmatory testing on several occasions, referenced above, without any rationale for the same. The alcohol test in question, thus, cannot be approved as, by implication, it implies inclusion of the confirmatory, quantitative testing being performed here. Therefore, the request was/is not medically necessary.

CT Scan Without Contrast-Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 8-8, page 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, it is not clearly stated how the CT scan in question would influence the treatment plan. It is not clearly stated that the applicant is, for instance, considering a surgical remedy involving the cervical spine and/or that the CT scan in question would influence the results of the same. No rationale for selection of this particular study was proffered by the attending provider. Therefore, the request is not medically necessary.