

Case Number:	CM14-0081749		
Date Assigned:	07/18/2014	Date of Injury:	12/06/2010
Decision Date:	08/26/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/02/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 53-year-old female with a work injury dated 12/6/10. The diagnoses include 1. Cervical radiculitis; 2. Lumbar radiculitis; 3. Right-sided bursitis. Under consideration are a request for chiropractic therapy x 8 visits and a urine drug screen, Butrans 5mcg patch Qty 1, and a comprehensive metabolic panel. There is a primary treating physician (PR-2) document dated 6/2/14 that is appealing the denial of urine drug test and chiropractic therapy. The document stated that the patient has never had chiropractic therapy through Workers Compensation. Urine drug screen are indicated for new patients when opioid therapy is being considered. Since the patient has had considerable persistent pain with negative impact on function, and has failed more conservative treatment, I do believe she should be authorized for treatment as requested. The document states that the periodic urine drug testing is considered standard of care for Pain Medicine physicians. The MTUS does not make restrictions regarding the timing of the drug testing. This is left to the treating provider's judgment. The document includes that the patient's medications include a Fentanyl Patch and Tramadol. The document indicates that the patient was taking Tramadol from another physician. On physical exam, the patient was observed to be in moderate distress. The patient's gait was slow. The cervical exam revealed spinal vertebral tenderness was noted in the cervical spine C4-6. There is tenderness noted upon palpation at the right trapezius muscle, right paravertebral C4-7 area and right occipital region. The range of motion was limited and painful. Sensory examination shows decreased sensation in the right upper extremity, with the affected dermatome C6-7. Motor examination shows decreased strength in the right upper extremity at the dermatomal level C5-7. Deep tendon reflexes in the upper extremities are within normal limits bilaterally. Grip strength is decreased on the right. Tinel's Sign is positive on the right. Phalen's test was positive on the right. Tenderness was

noted in the right paravertebral region. Myofascial trigger points are noted in the upper mid back on the right, in the medial rhomboid muscles and in the thoracic paraspinal muscles. Inspection of the lumbar spine reveals no gross abnormality. No spasm was noted in the lumbar spine area. Tenderness was noted upon palpation in the bilateral paravertebral area L2-S1 levels. Range of motion of the lumbar spine was decreased and painful. Sensory exam is within normal limits bilaterally. Motor examination shows decreased strength in the right lower extremity. The patient's Achilles and patellar reflexes were within normal limits bilaterally. Straight leg raise at 90 degrees sitting position is negative bilaterally. A foot drop was absent bilaterally. Waddell's signs were absent. There was tenderness noted at right long head biceps, the right rotator cuff and the right posterior shoulder. The range of motion of the right shoulder was decreased due to pain. An MRI of Right Knee Date: 3-30-11 revealed normal findings. MRI of Lumbar Spine Date: 3-30-11 revealed congenital abnormalities, mild spondylosis; 3 mm posterior L5-S1 disc protrusion indents the anterior thecal sac without significant central stenosis. MRI of Cervical Spine Date: 3-30-11 revealed multilevel disc degeneration, mild central canal stenosis. The document notes that the patient is not working. The treatment plan included medication refill and renewal. A 5/5/14 urine toxicology screen reveals the presence of Tramadol. The document does not have anything listed under prescribed medications. The Tramadol came up inconsistent as not prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, 59.

Decision rationale: Chiropractic care x 8 visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines state that for manual medicine therapeutic care involves a trial of 6 visits over 2 weeks. The documentation indicates that the patient has had chiropractic care in the past; however, it is unclear of when this treatment was and the outcome. Furthermore, the request for 8 visits exceeds the initial trial period recommended by the MTUS. The request for chiropractic care x 8 visits not medically necessary per the MTUS guidelines.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Urine drug screen (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing page 43; Opioids, steps to avoid misuse/addiction Page(s): 94. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG)
Pain(chronic): Urine drug testing (UDT).

Decision rationale: Urine drug screen is not medically necessary per the ODG and MTUS guidelines. The MTUS states that frequent urine toxicology screens can be done especially for the patients at high risk. The ODG states that for urine drug testing the patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. From the documentation submitted the patient has no history of aberrant behaviors. It is not clear how frequently she has been tested in the past with urine toxicology screens. Without this information, the request for a urine drug screen is not medically necessary.

Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health: Comprehensive Metabolic panel (CMP).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/ency/article/003468.htm>.

Decision rationale: A comprehensive metabolic panel is not medically necessary. The MTUS and ODG guidelines do not specifically address a comprehensive metabolic. According the NIH Medline plus encyclopedia the definition of a comprehensive metabolic panel is that this is a group of blood tests that provides an overall picture of your body's chemical balance and metabolism. Metabolism refers to all the physical and chemical processes in the body that use energy. The documentation does not indicate that the patient has any metabolic condition or other symptoms or condition that needs further evaluation through a comprehensive metabolic evaluation. Therefore, the request for a comprehensive metabolic panel is not medically necessary.

Butrans 5mcg patch Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Butrans Patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids page 79 and when to continue opioids Page(s): 80.

Decision rationale: Butrans 5 mcg patch quantity 1 is not medically necessary per the MTUS and ODG guidelines. Butrans contains Buprenorphine, an opioid agonist. The MTUS does not specifically address Butrans Patches but does define functional improvement and when to discontinue opioids. The guidelines recommending continuing opioids when the patient has returned to work and has improvement in pain and function. The ODG states that Butrans patch is an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesia component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. The documentation indicates that patient was prescribed Butrans patch on 3/13/12 because his pain medication is not helping much and he would like something stronger. The documentation is not clear on why patient was placed on the Butrans patch. There is no evidence that the patient has been detoxified from other high dose opioids. Without clear indication of why this patient requires Butrans the request for Butrans Patch 5mcg quantity 1 is not medically necessary.