MAXIMUS Federal Services

Case Number:	CM14-0095993		
Date Assigned:	07/25/2014	Date of Injury:	01/09/2012
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 49 year-old male with a 1/4/12 date of injury. He has been diagnosed with lumbar discopathy; sciatica; and pars defect bilaterally at L5. According to the 3/6/14 chiropractic report from [redacted], the patient presents with low back pain and right shoulder pain that make it difficulty to sleep and will awaken him at night. [redacted] refers the patient to an orthopedist, and on 3/25/14 the orthopedist [redacted] recommends internal med consult with [redacted] for diabetes, shortness of breath, chest pain, and gastrophy. [redacted] prescribed cyclobenzaprine, ompeprazole, TGHot and FlurFlex. On 6/2/14 UR reviews a 5/6/14 report from [redacted] and denys a request for pain management consultation and urine toxicology screen. The 5/6/14 report with the request was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), 2nd Edition (2004)Chapter 7, page 127Other Medical Treatment Guideline.

Decision rationale: The patient is a 49 year-old male with a 1/4/12 date of injury. He has been diagnosed with lumbar discopathy; sciatica; and pars defect bilaterally at L5. According to the 3/6/14 chiropractic report from [redacted], the patient presents with low back pain and right shoulder pain that make it difficulty to sleep and will awaken him at night. [redacted] refers the patient to an orthopedist, and on 3/25/14 the orthopedist [redacted] recommends internal med consult with [redacted] for diabetes, shortness of breath, chest pain, and gastrophy. [redacted] prescribed cyclobenzaprine, ompeprazole, TGHot and FlurFlex. On 6/2/14 UR reviews a 5/6/14 report from [redacted] and denys a request for pain management consultation and urine toxicology screen. The 5/6/14 report with the request was not provided for this IMR. There is no discussion for a pain management consultation provided for this review. ACOEM states a referral can be made to other specialists " when the plan or course of care may benefit from additional expertise." The orthopedic surgeon's referral to pain management appears to be in accordance with ACOEM guidelines. The request is medically necessary and appropriate.

Urine Toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 10.

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

Decision rationale: The patient is a 49 year-old male with a 1/4/12 date of injury. He has been diagnosed with lumbar discopathy; sciatica; and pars defect bilaterally at L5. According to the 3/6/14 chiropractic report from [redacted], the patient presents with low back pain and right shoulder pain that make it difficulty to sleep and will awaken him at night. [redacted] refers the patient to an orthopedist, and on 3/25/14 the orthopedist [redacted] recommends internal med consult with [redacted] for diabetes, shortness of breath, chest pain, and gastrophy. [redacted] prescribed cyclobenzaprine, ompeprazole, TGHot and FlurFlex. On 6/2/14 UR reviews a 5/6/14 report from [redacted] and denys a request for pain management consultation and urine toxicology screen. The 5/6/14 report with the request was not provided for this IMR. There is no discussion for a urine toxicology screen. There are no prior urine toxicology screen available for review. The physician has prescribed cyclobenzaprine to the patient on 3/25/14. MTUS states urine drug are: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. A urine drug screen around 5/6/14 appears to be appropriate and in accordance with MTUS guidelines. The request is medically necessary and appropriate.