

Case Number:	CM14-0096883		
Date Assigned:	10/07/2014	Date of Injury:	07/23/2012
Decision Date:	12/04/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/25/2014

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 complex regional pain syndrome, thumb pain, and left upper extremity pain reportedly associated with an industrial injury of July 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; earlier thumb tendon surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated June 17, 2014, the claims administrator approved a request for stellate ganglion block while partially approving a request for four urine drug screens as one drug screen alone. An interferential unit request, however, was denied. In a February 25, 2014 progress note, the applicant reported ongoing complaints of left upper extremity pain. The applicant was reportedly making frequent trips to the emergency department owing to flares of pain. The attending provider appealed previously denied Stellate ganglion blocks and also appealed an H-wave unit denial. Zanaflex, Naprosyn, Lyrica, and tramadol were apparently renewed. On February 25, 2014, the applicant did undergo urine drug testing. Drug testing was positive for tramadol. The attending provider stated that confirmatory testing was being performed by gas chromatography/mass spectrometry. Quantitative testing was also performed. In a May 20, 2014 progress note, the applicant reported ongoing complaints with intractable left upper extremity and associated sleep disturbance. An orthopedic consultation, stellate ganglion block, and interferential unit trial were endorsed. Naprosyn, Zanaflex, tramadol, Lyrica, and Ambien were also sought. The attending provider stated that he was ordering both qualitative and quantitative drug testing. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 support intermittent drug testing in the chronic pain context, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG's Chronic Pain Chapter Urine Drug Testing topic, however, an attending provider should clearly state when an applicant was last tested, and attach the applicant's complete medication list to the request for authorization for testing, clearly state which drug tests and/or drug panels he intends to test for, eschew confirmatory/quantitative testing outside of the emergency department drug overdose context, and attempt to conform to the best practices of the United States Department of Transport (DOT) when performing testing. In this case, however, the attending provider did in fact previously perform confirmatory and quantitative testing outside of the emergency department drug overdose context, with no accompanying rationale. The applicant's complete medication list was not attached to the request of authorization for testing. ODG further suggested that an attending provider stratify an applicant into higher or lower risk categories for which more or less frequent drug testing would be indicated. In this case, the attending provider made no effort to stratify the applicant into higher or lower risk categories for which more or less frequent drug testing would be indicated. For all the stated reasons, then, the request for four sets urine drug tests is not medically necessary.

IF Unit (home 30 day rental): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation topic Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, a one month trial of interferential current stimulation is recommended in applicants in whom pain is ineffectively controlled due to diminished effectiveness of medications. In this case, the applicant has in fact tried and failed a variety of analgesic and adjuvant medications, including Lyrica, Zanaflex, Naprosyn, Tramadol, etc. The applicant is off of work, on total temporary disability. Interventional spine procedures, including stellate ganglion blocks have failed to effect any lasting benefit. A one-month trial of an interferential unit device, thus, may be appropriate here, as suggested on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

