

Case Number:	CM14-0202441		
Date Assigned:	12/15/2014	Date of Injury:	06/07/2004
Decision Date:	02/09/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/03/2014

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 low back pain, neck pain, and bilateral shoulder pain reportedly associated with an industrial injury of June 7, 2004. In a utilization review report dated November 12, 2014, the claims administrator denied a blood draw and Lidoderm patches while approving a request for Norco. The claims administrator suggested that the blood draw at issue represented a request for confirmatory and quantitative testing for various substances including alcohol, amphetamines, methamphetamines, benzodiazepines, opioids, methadone, and cocaine. Somewhat incongruously, the claims administrator referenced guidelines on urine drug testing as opposed to blood drug testing. An October 30, 2014 progress note was also referenced. The applicant's attorney subsequently appealed. In said October 30, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. The applicant had reportedly run out of her medications and reported heightened pain complaints as a result of the same. The applicant was on Norco, Hyzaar, and Lidoderm. The applicant had issues with depression and anxiety. The applicant stated that bending and lifting made her pain complaints worse and that her pain complaints were still moderate to severe, despite medication consumption. Diminished grip strength was noted. Both Norco and Lidoderm patches were renewed. Drug testing was seemingly endorsed, in a highly templated manner.

IMR ISSUES, DECISIONS AND RATIONALES

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

Blood Draw-82055 times two: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Topic Page(s): 43. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence; ACOEM V.3 > Opioids Guideline (2014) > Diagnostics and Monitoring. Drug testing most commonly measures drugs, or their metabolites, in urine or hair. There is expanding use of this diagnostic tool in pain management and addiction medicine.(223, 224, 242, 313) Urine is most commonly assayed. Hair testing is also able to be used and has the primary advantage of assessing drug(s) use over a longer time

Decision rationale: The request at issue, per the attending provider, represents a request to perform drug testing. 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. ACOEM's 2014 Opioids Guideline, however, states that drug testing most commonly measures drugs or metabolites in urine or hair. It was not clearly stated or established, thus, why non-standard blood/serum drug testing was sought here. Furthermore, while the claims administrator interpreted the request as serum drug testing/blood drug testing, both the claims administrator's own rationale, the attending provider's rationale, and descriptors of the CPT code 82055, per Quest Diagnostics, suggest that the CPT code 82055 represents a form of urine drug testing. For all the stated reasons, then, the request was not medically necessary.

Lidoderm patches (1 patch 12 hours on and 12 hours off), #160: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Section; Pain Mechanism Section Page(s): 112;.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was/is no mention of antidepressant adjuvant medication failure and/or anticonvulsant adjuvant medication failure prior to selection, introduction, and/or ongoing usage of the Lidoderm patches at issue. Furthermore, page 3 of the MTUS Chronic Pain Medical Treatment Guidelines notes that

neuropathic pain is typically characterized as burning, lancinating, numbing, and/or electric-like sensations. The applicant was described on the October 30, 2014 office visit, referenced above, as exhibiting predominant complaints of spasms and aching pain. There was no explicit mention of radicular pain complaints on this date suggestive of neuropathic pain. Therefore, the request was not medically necessary.