

Case Number:	CM14-0208407		
Date Assigned:	12/22/2014	Date of Injury:	03/04/2007
Decision Date:	02/18/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 shoulder pain reportedly associated with an industrial injury of March 4, 2007. In a Utilization Review Report dated November 25, 2014, the claims administrator denied a request for acupuncture and a urine drug screen. The applicant's attorney subsequently appealed. In an August 28, 2014 questionnaire, the applicant acknowledged that she had received extensive treatment over the course of the claim, including physical therapy, surgery, acupuncture, opioid therapy, topical compounds, Motrin, and Flexeril. The applicant did report ongoing complaints of neck and shoulder pain. The applicant did have issues with asthma. The applicant was not working, she acknowledged, owing to significant impairment about the injured shoulder. In a September 23, 2014 progress note, the applicant was again placed off of work owing to ongoing complaints of shoulder, neck, and wrist pain. Norco, lidocaine, acupuncture, and H-Wave device supplies were endorsed. On August 28, 2014, Norco, acupuncture, and Lidoderm patches were endorsed while the applicant was placed off of work. Urine drug testing of February 2, 2014 was reviewed and did include testing for approximately 10 different opioid metabolites, 10 different benzodiazepine metabolites, and multiple antidepressant metabolites. On October 16, 2014, the attending provider stated that he would appeal previously denied acupuncture, despite the fact that the applicant was not working. Norco and Lidoderm were again endorsed. A urine drug screen was endorsed via an RFA form of October 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture once weekly x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

Decision rationale: The request in question does represent a renewal request for acupuncture. While the Acupuncture Medical Treatment Guidelines acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f, in this case, however, there was/is no clear evidence of functional improvement as defined in Section 9792.20f with earlier acupuncture treatment. The applicant was/is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider clearly state which drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the Request for Authorization for testing, and eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context. Here, the attending provider did not clearly state when the applicant was last tested. The attending provider did not clearly state which drug tests and/or drug panels he intended to test for. Earlier, historical drug testing suggested that the attending provider was intent on performing nonstandard drug testing which included testing of multiple different opioid, benzodiazepine, and antidepressant metabolites. Such testing did not, however, conform to the best practices of the United States Department of Transportation (DOT). Since several ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.

