MAXIMUS Federal Services

Case Number:	CM14-0215652		
Date Assigned:	01/05/2015	Date of Injury:	07/19/2013
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/23/2014

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: Pennsylvania
Certification(s)/Specialty: Internal 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:

This is a 68 year-old male who has reported low back pain after an injury on 7/19/13 (per some reports), and 6/1/10 (per other reports). The AME listed both of these injury dates, and referred to right upper extremity and bilateral knee conditions. The AME diagnoses include knee ganglia, meniscus tear, and ACL laxity. The treating physician has diagnosed a lumbar strain and degenerative disc disease. The primary treating physician report of 6/3/14 refers to ongoing low back pain which is reduced from 8 to 6/10 by medications. The injured worker is stated to be working, although the actual activities were not described and there was no formal work status listed. There was no discussion of the patient-specific indications, benefits and results for any medication. TENS and acupuncture were prescribed without specific rationales. Norco and Flexeril were prescribed. The primary treating physician report of 12/2/14 references an injury in 2010, and notes ongoing low back pain. Work status was not listed or discussed. There was no discussion of the patient-specific indications, benefits and results for any medication. TENS and acupuncture were prescribed without specific rationales. A urine drug screen was prescribed without a discussion of the specific indications for this injured worker.A 12/2/14 requisition is for a comprehensive drug panel, and lists hydrocodone as the current medication. On 12/22/14 UR evaluated the medical necessity for the items now under Independent Medical Review. The Utilization Review noted prior Utilization Review non-certifications for Norco and Flexeril based on the MTUS, and affirmed those non-certifications. Acupuncture was non-certified based on the lack of sufficient indications. TENS was non-certified based on the lack of sufficient

indications. The urine drug screen was non-certified based on the lack of indications. The MTUS was cited in support of the Utilization Review decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice weekly for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. A presumed initial course of acupuncture is not medically necessary based on a prescription which does not address function as recommended in the MTUS, and lack of specific indications per the MTUS.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain. Page(s): 114-117.

Decision rationale: The physician reports do not address the specific medical necessity for a TENS unit. The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. The necessary kind of treatment plan is not present, including a focus on functional restoration with a specific trial of TENS alone. Given the lack of clear indications in this injured worker (primary reason), and the lack of any clinical trial or treatment plan per the MTUS (secondary reason), a TENS unit is not medically necessary.

Urine Toxicology 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), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction. Urine drug screen to assess for the use. Decision based on Non-MTUS Citation Updated ACOEM Guidelines, 8/14/08, Chronic Pain, urine drug screens.

Decision rationale: The treating physician has not provided enough specific information regarding the medical necessity for a urine drug screen. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. The requisition does not list any of the drugs to be tested. The potential scope of what be assayed in a drug test is vast, and the tests must be relevant to the injured worker. The test was not random, as it occurred at an office visit. The MTUS recommends random drug testing, not at office visits or regular intervals. The details of testing have not been provided. There is no current certification for any opioids, which renders the medical necessity for a urine drug screen moot, as was noted in the Utilization Review. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program in accordance with the MTUS, and that there are outstanding questions regarding the testing process, the urine drug screen is not medically necessary.

Norco 10/325 mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management.Opioids, steps to avoid misuse/addiction.Indications, Chronic back pain. Mec.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. Aberrant use of opioids is common in this population. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The medical reports do not discuss the specific results of using opioids, including specific functional assessments. The drug screening has not been prescribed according to guideline recommendations. Norco is not medically necessary based on lack of sufficient benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Flexeril 10 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed other analgesic medications along with cyclobenzaprine. Per the MTUS, cyclobenzaprine is not indicated and is not medically necessary.