MAXIMUS Federal Services

Case Number:	CM15-0104787		
Date Assigned:	06/09/2015	Date of Injury:	05/03/2002
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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: California, Indiana, New York
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:

The injured worker is a 56-year-old female, who sustained an industrial injury on 5/03/2002. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic low back pain. Treatment to date has included diagnostics, medications, and home exercise program. Several documents within the submitted medical records were difficult to decipher. On 4/17/2015, the injured worker complained of being miserable for the last 3 weeks, possibly due to a different brand of medications. Her back and lower extremity pain was reported to be the worst it had been in awhile, rated 10/10. No aberrant drug behaviors were documented. Medications included MS Contin and Oxy IR. Her current medication regime was not detailed. Her work status was not documented. Urine drug screen (3/07/2014) was submitted. The treatment plan included follow-up visits for medication refill x6 and urine drug screening x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up visits for medication refill x 6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, follow-up visits medication refills times six are not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured workers working diagnoses are illegible with abbreviations except for diagnosis #3 that states right upper extremity neuropathic pain. The medical record documentation is handwritten and largely illegible. The medical record documentation shows the injured worker is taking MS Contin, trazodone, oxycodone and gabapentin. The subjective section of a March 2015 progress note states the injured worker is taking trazodone for sleep and gabapentin for neuropathic pain. Oxycodone reduces pain by 20% when added to the MS Contin. There are no side effects documented. The injured worker has had urine drug toxicology screens in the past and has a signed opiate agreement. Follow-up visits are best determined at the time of a specific office visit. There is no clinical indication for ordering six follow-up visits for medication refills in advance. There is no rationale for six follow-up visits for medication refills. Consequently, absent clinical documentation with a clinical indication and rationale for follow-up visits medication refills times six, follow-up visits medication refills times six are not medically necessary.

Urine drug screen x 3: 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 Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing times 3 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are

unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured workers working diagnoses are illegible with abbreviations except for diagnosis #3 that states right upper extremity neuropathic pain. The medical record documentation is handwritten and largely illegible. The medical record documentation shows the injured worker is taking MS Contin, trazodone, oxycodone and gabapentin. The subjective section of a March 2015 progress note states the injured worker is taking trazodone for sleep and gabapentin for neuropathic pain. Oxycodone reduces pain by 20% when added to the MS Contin. There are no side effects documented. The injured worker has had urine drug toxicology screens in the past and has a signed opiate agreement. The documentation states the injured worker is had multiple urine drug toxicology screens that have been consistent. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no clinical rationale for additional urine drug toxicology screens. There are no risk assessments in the medical record. There is no clinical indication a rationale for #3 urine drug toxicology screens. Consequently, absent clinical documentation of aberrant drug-related behavior, drug misuse or abuse in the presence of multiple consistent urine drug toxicology screens, and a risk assessment, urine drug toxicology screens times three are not medically necessary.