MAXIMUS Federal Services

Case Number:	CM15-0136961		
Date Assigned:	07/24/2015	Date of Injury:	09/30/2013
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, New York, 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 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 30, 2013. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for Diclofenac-lidocaine topical compound, Tylenol No. 3, and a urine toxicology screen. The claims administrator referenced an RFA form received on June 29, 2015 in its determination. A June 15, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On June 21, 2015, the applicant reported 7 to 8/10 low back pain complaints without medications versus 5/10 with medications. The applicant was not working, it was acknowledged. The topical compound Diclofenac-containing cream was endorsed. The applicant was asked to pursue additional chiropractic manipulative therapy, obtain a urine toxicology screen, and remain off of work, on total temporary disability. In an applicant questionnaire dated June 20, 2015, the applicant acknowledged that activities as basic such as standing, walking, prolonged sitting remain problematic, despite medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine 3%/5% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a topical Diclofenac-lidocaine containing compound was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the low back pain. However, page 112 of the MTUS Chronic Pain Medical Treatment Guideline notes that topical Diclofenac has "not been evaluated" for treatment of the spine, i.e., the primary pain generator here. The attending provider failed to furnish a clear or compelling rationale for provision of a Diclofenac-containing topical compound in face of the tepid-to-unfavorable MTUS position on the same for the body part at issue, the lumbar spine. Since the Diclofenac component of the amalgam is not recommended, the entire amalgam is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Tylenol no.3 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), Opioids Page(s): 11-12, 80-82, 82-83, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Tylenol No. 3, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was placed off of work, on total temporary disability, on the June 21, 2015 office visit at issue. While the attending provider did reported reduction in pain scores from 7 to 8/10 without medications to 5/10 with medications on that date, these reports, however, outweighed by the applicant's failure to return to work and the applicant's own commentary on his activities of daily living questionnaire of June 20, 2015 that he was still having difficulty performing activities of daily living as basic as sitting, standing, walking despite ongoing medication consumption. Therefore, the request was not medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Finally, the request for a urine toxicology screen (AKA a urine drug screen) was likewise not medically necessary, medically appropriate, or indicated here. 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 attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state when an applicant was last tested, attempt to categorize the applicants into higher-or lower-risk categories for whom more or less frequent drug testing would be indicated, and attempt to conform to the best practice of the United States Department of Transportation (DOT) when performing drug testing. Here, however, the attending provider did not clearly state when the applicant was last tested. The attending provider did not clearly state whether the applicant was using medications other then Tylenol No. 3 and the Diclofenac-lidocaine containing compound also at issue. The attending provider neither signaled his intention to conform to the best practice of the United States of Department of Transportation nor signal his intention to eschew confirmatory and/or quantitative testing here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated. Therefore, the request was not medically necessary.