

Case Number:	CM15-0138887		
Date Assigned:	07/28/2015	Date of Injury:	08/25/2007
Decision Date:	09/02/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/17/2015

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 59-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of August 25, 2007. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve requests for urine drug testing, physical therapy, and Norco. A June 11, 2015 progress note and May 19, 2015 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On pain management note dated January 13, 2015, the applicant reported ongoing complaints of neck, low back, and shoulder pain, 4/10 with medications versus 7/10 without medications. Ancillary complaints of reflux were noted. Activities of daily living as basic as self care, personal hygiene, and hand function were limited secondary to pain, it was reported. The applicant was not working, it was acknowledged. Physical therapy was endorsed while multiple medications, including Norco, were renewed. On June 11, 2015, the applicant reported ongoing complaints of neck, upper back, upper extremity, and lower extremity pain, 7/10 with medications versus 8/10 without medications. Ancillary complaints of reflux were noted. The applicant was not working, it was acknowledged. Permanent work restrictions were renewed, seemingly resulting in the applicant's removal from the workplace. The applicant was told to try and lose weight and wean off of unspecified medications. Somewhat incongruously, various medications, including Norco, were renewed. Physical therapy, Protonix, Norco, Neurontin, drug testing, Senna, and vitamin D were endorsed via RFA forms dated May 19, 2015 and June 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

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: No, the request for a urine drug screen was 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 what drug tests and drug panels he intends to test for and why, and attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent testing would be indicated. Here, however, the attending provider neither signaled his intention to eschew confirmatory and quantitative testing nor signal his intention to conform to the best practice of the United States Department of Transportation when performing testing. There was no mention of the applicant's being higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. It was not stated when the applicant was last tested. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Physical Therapy two times a week for four weeks for the Lower and Upper Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: Similarly, the request for eight sessions of physical therapy for the upper and lower extremities was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of therapy for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, it was acknowledged on a progress note of June 11, 2015. The applicant remained dependent on opioid agents such as Norco and adjuvant medications such as Neurontin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e,

despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. It did not appear, thus, the applicant had profited appreciably from prior physical therapy, nor it did it appear that the applicant could stand to gain from further therapy, going forward. Therefore, the request was not medically necessary.

Norco 5/325mg #60: Upheld

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

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

Decision rationale: Finally, the request for Norco, 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on the June 11, 2015 progress note at issue. While the attending provider recounted low-grade reduction in pain scores from 8/10 without medications and 7/10 with medications, these reports appeared marginal at best and were outweighed by the applicant's failure to return to work and the attending provider's report of June 11, 2015 to the effect that the applicant was still having difficulty performing activities as basic as self-care, personal hygiene, and ambulating, despite ongoing Norco usage. Therefore, the request was not medically necessary.