

Case Number:	CM15-0146740		
Date Assigned:	08/07/2015	Date of Injury:	03/01/2013
Decision Date:	09/10/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/28/2015

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 47-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of March 10, 2013. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve requests for an interferential unit and urine drug testing. The claims administrator referenced a June 24, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 17, 2015, the applicant reported ongoing complaints of knee pain status post earlier failed knee surgery. Ancillary complaints of low back pain were reported. The applicant was asked to begin acupuncture while employing Ultracet and Norco for pain relief. The applicant was kept off of work, on total temporary disability. On April 10, 2015, Orphenadrine-capsaicin-Flurbiprofen-omeprazole, and several topical compounded medications were endorsed. In an associated progress note dated March 28, 2015, the applicant was placed off of work, on total temporary disability. Drug testing was seemingly performed both on February 10, 2015 and on April 14, 2015. In an RFA form dated June 24, 2015, an interferential unit and urine drug testing were endorsed. In an associated progress note of June 18, 2015, the applicant reported ongoing complaints of knee pain, 6/10. The applicant's complete medication list was not attached. Interferential stimulator device and viscosupplementation therapy were sought. The applicant's complete medication list was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit/supplies 30-60 day rental/purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: No, the request for an interferential unit 30 to 60-day rental versus purchase was not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a one-month trial of an interferential stimulator may be appropriate in applicants in whom pain is ineffectively controlled owing to diminished medication efficacy, applicants in whom pain is effectively controlled owing to medication side effect, and/or applicants who have a history of substance abuse which prevent provision of analgesic medications. Here, however, no such history of analgesic medication intolerance, analgesic medication failure, and/or history of substance abuse preventing provision of analgesic medications was furnished. The applicant was described on multiple office visits, referenced above, as using a variety of analgesic medications, including Norco, effectively arguing against the need for the interferential stimulator device in question. Therefore, the request was 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 ODG, Pain chapter.

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: The request for a urine toxicology screen (AKA 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 acknowledge that drug testing is recommended as an option in the chronic pain context, 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 which drug tests and/or drug panels he intended to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, there was no mention of the applicant's being a higher or lower-risk individual for whom more or less frequent drug testing would be indicated. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation here. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not indicated.