

Case Number:	CM15-0182942		
Date Assigned:	09/23/2015	Date of Injury:	03/09/2006
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/17/2015

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 67-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 9, 2006. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve requests for cyclobenzaprine and a urine toxicology screen. An August 10, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 10, 2015, the applicant reported ongoing complaints of neck pain with ancillary complaints of dyspepsia. The applicant was on Prilosec and Flexeril, it was reported towards the top of the note. The applicant was asked to consult a spine specialist and a psychologist. Terocin patches were endorsed while Flexeril and Prilosec were likewise renewed and/or continued. Urine drug testing was sought. Work restrictions imposed by a Qualified Medical Evaluator (QME) were seemingly renewed. The applicant had had 2 prior shoulder surgeries, it was suggested. It was not clearly stated whether the applicant was or was not working with the limitations imposed by the medical-legal evaluator. On an earlier note dated July 28, 2015, the applicant was again given prescriptions for Flexeril and Prilosec. Once again, restrictions imposed by a medical-legal evaluator were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for a urine toxicology screen (AKA urine drug screen) was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend using drug testing as an option in the chronic pain population, to assess for the presence or absence of illicit substances, 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, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, clearly state which drug tests and/or drug panels he intended to test for, and attempt to categorize applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not stated when the applicant was last drug tested. 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 (DOT) when performing drug testing. The attending provider made no mention of whether the applicant was a higher-risk individual or a lower-risk individual for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Similarly, the request for Cyclobenzaprine (Flexeril) was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for Cyclobenzaprine. However, the 60-tablet of Cyclobenzaprine at issue, in and of itself, represented treatment in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.