MAXIMUS Federal Services

Case Number:	CM15-0186004		
Date Assigned:	09/28/2015	Date of Injury:	06/30/2002
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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 66-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of June 30, 2002. In Utilization Review report dated September 8, 2015, the claims administrator failed to approve requests for a urine drug screen, Tylenol with Codeine, and Soma. The claims administrator referenced an August 13, 2015 office visit and an RFA received on August 28, 2015 in its determination. The applicant's attorney subsequently appealed. On August 13, 2015, the applicant's permanent work restrictions were renewed. Ongoing complaints of neck and low back pain were noted. Tylenol No. 4 and Soma were also renewed. Urine drug testing was sought. No seeming discussion of medication efficacy transpired. The applicant's pain complaints were described as worsening, it was stated toward the top of the note. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pan (Chronic) Urine drug testing (UDT).

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 drug screen is 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 population to assess for the presence or absence of illegal drugs, 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, 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 intends to test for and why, again attempt to conform to the best practice of the United States Department of Transportation (DOT) when performing drug testing and attempt to categorize applicants into higher- or lower-risk categorizes for whom more or less frequent drug testing would be indicated. Here, however, the attending provider's handwritten August 15, 2015 progress note did not state when the applicant was last tested. The attending provider neither signaled his intension to eschew confirmatory and quantitative testing nor signaled his intention to conform to the best practices of United States Department of Transportation (DOT) when performing drug testing. There was no mention of whether or not the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would be indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.

Tylenol with Codeine #4, #90: 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): Opioids, criteria for use.

Decision rationale: Similarly, the request for Tylenol No. 4, a short-acting opioid, is 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's work status was not clearly outlined on August 13, 2015, although it did not appear the applicant was working with permanent limitations placed on that date. The applicant's pain complaints were worsened, it was stated at that point in time. The treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Tylenol No. 4 usage. Therefore, the request is not medically necessary.

Soma 350mg, #90: 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): Carisoprodol (Soma).

Decision rationale: Finally, the request for Soma is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Tylenol No. 4 and opioid agent. Usage of carisoprodol was not seemingly indicated in conjunction with the same. Therefore, the request is not medically necessary.