

Case Number:	CM15-0041210		
Date Assigned:	03/26/2015	Date of Injury:	07/10/2006
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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 60-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 10, 2006. In a Utilization Review Report dated February 10, 2015, the claims administrator failed to approve requests for urinalysis testing for toxicology, extracorporeal shockwave therapy, Norco, and Prilosec while delaying/conditionally denying acupuncture and manipulative therapy. An RFA form received on January 27, 2015 and associated progress notes of November 14, 2014 and November 17, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated November 14, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, and shoulder pain. The applicant was apparently using Norco, Naprosyn, Prilosec, several dietary supplements, and topical compounded medications, many of which were refilled. A urinalysis testing, acupuncture, and extracorporeal shockwave therapy for the shoulder were endorsed while the applicant was seemingly kept off of work. The note comprised almost entirely of preprinted checkboxes, with little-to-no narrative commentary. No discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis Test for Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: No, the request for a urinalysis testing for toxicology was not medically necessary, medically appropriate, or indicated here. The request appeared to represent a request for urine drug testing. 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, suggests that an attending provider should eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, states that an attending provider should clearly state which drug tests and/or drug panels he intends to test for, and further suggests that an attending provider categorize applicants into higher or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, it was not stated when the applicant was last tested. The attending provider did not state which drug tests and/or drug panels he intended to test for. It was not stated when the applicant was last tested. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Unknown Ortho Shockwave: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Similarly, the request for ortho shockwave therapy (AKA extracorporeal shockwave therapy) was not medically necessary, medically appropriate, or indicated here. The attending provider stated that he intended for the applicant to seek extracorporeal shockwave therapy for the shoulder. While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that some medium quality evidence supports extracorporeal shockwave therapy for the specific diagnosis of calcifying tendonitis of the shoulder, in this case, however, it did not appear that the applicant carried a specific diagnosis of calcifying tendonitis of the shoulder. Rather, it appeared that the applicant had nonspecific multifocal pain complaints, including shoulder pain. This is not, however, an indication for ESWT for the shoulder, per ACOEM. Therefore, the request was not medically necessary.

120 Norco 10/325 MG: 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: Similarly, 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, on total temporary disability as of the November 14, 2014 office visit on which Norco was renewed. The attending provider's handwritten progress note contained no mention or discussion of medication efficacy. The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

60 Omeprazole 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Finally, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.