

Case Number:	CM15-0043830		
Date Assigned:	03/13/2015	Date of Injury:	01/24/2014
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/09/2015

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 33-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 24, 2014. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve a request for Naprosyn and urine drug testing. The claims administrator referenced an RFA form received on February 6, 2015 in its determination. A progress note of January 14, 2015 also referenced. The applicant's attorney subsequently appealed. In a January 9, 2015 Medical-Legal Evaluation, permanent work restrictions were imposed. The medical-legal evaluator noted that these permanent limitations would, in fact result in the applicant's removal from the workplace. Medication selection and medication efficacy were not explicitly discussed. In a work status reports dated September 29, 2014 and November 3, 2014, the applicant was placed off of work, on total temporary disability. On a progress note dated December 8, 2014, the applicant was again placed off of work, on total temporary disability, owing to multifocal complaints of neck and bilateral shoulder pain. Physical therapy was endorsed. Medication selection and medication efficacy were not detailed or discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 01/14/15) Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line treatment for various chronic conditions, including the chronic pain syndrome reportedly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, medication selection or medication efficacy were not detailed in multiple progress notes, referenced above. The fact that the applicant remains off of work, on total temporary disability, however, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

Retrospective (DOS: 12/8/14) Urine Toxicology screen: Upheld

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

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: Similarly, the request for 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 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, and attempt to categorize the applicant's state as higher-or lower-risk categories which more or less frequent drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last tested. The attending provider did not signal his intention to eschew confirmatory and/or qualitative testing. There was no attempt made to categorize the applicant into higher- or lower-risk categories for which more or less frequent drug testing would have been indicated. Therefore, the request was not medically necessary.

