

Case Number:	CM15-0046198		
Date Assigned:	03/18/2015	Date of Injury:	01/31/2011
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/11/2015

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 knee and low back pain reportedly associated with an industrial injury of January 31, 2011. In a separate Utilization Review Report dated February 10, 2015, the claims administrator failed to approve a request for therapeutic drug monitoring or laboratory testing performed on January 25, 2012 and also failed to approve EMG testing performed on April 18, 2011 and May 5, 2011. The applicant's attorney subsequently appealed. On January 3, 2014, the applicant did undergo drug testing. The drug testing in question did undergo confirmatory and quantitative testing on various opioid and non-opioid metabolites, including hydrocodone, nicotine, tramadol, etc. On December 3, 2013, the applicant presented with ongoing complaints of low back and knee pain. The applicant was using a cane to move about. The applicant's work status was not detailed. The applicant was using and was given refills of Norco, Vicodin, Flexeril, Protonix, and several topical compounded medications. In a Medical-Legal Evaluation dated August 4, 2012, the applicant presented with multifocal pain complaints, including low back pain, knee pain, depression, and anxiety with resultant Global Assessment of Functioning (GAF) 63. The applicant was no longer working and had apparently been terminated by his former employer, it was acknowledged. The applicant had a history of previous drug and alcohol abuse, it was acknowledged. The medical-legal evaluator did complete a comprehensive survey of record. Electrodiagnostic testing of May 4, 2011 was notable for a right S1 radiculopathy. MRI imaging of lumbar spine dated April 26, 2011 was notable for multilevel disk protrusion with degenerative changes of uncertain significance. Nerve conduction testing of May 4, 2011 was

also interpreted, as stated in another section of note, is notable for a diabetic polyneuropathy and a superimposed right S1 radiculopathy. The medical-legal evaluator suggested (but did not clearly state) that the drug monitoring/drug testing of January 25, 2012 in fact represented urine drug testing. Urine drug testing of April 9, 2013 likewise included confirmatory and quantitative testing of multiple drugs like opioid and non-opioid metabolites. Approximately 7 to 10 benzodiazepines metabolites were tested for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Therapeutic Drug Monitoring Completed by [REDACTED] (DOS 1/25/2012): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: No, the retrospective therapeutic drug monitoring completed on January 25, 2012 was not medically necessary, medically appropriate, or indicated here. The request in question does seemingly represent a retrospective request for previously performed urine drug testing. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and should attempt to conform to the best practices of the United States Department of Transportation when performing drug testing. Here, however, the attending provider did perform nonstandard drug testing which included testing for multiple different opioids and benzodiazepine metabolites. Such testing did not, however, conform to the best practices of United States Department of Transportation (DOT). Confirmatory and quantitative testing were performed, again in spite of the unfavorable ODG position on such testing. The attending provider failed to furnish a clear or compelling rationale for the same. Therefore, the request was not medically necessary.

Retro EMG Study (DOS 4/18/2011 and 5/4/2011): Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Conversely, the request for EMG testing performed on April 18, 2011 and May 4, 2011 was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is "recommended" to clarify diagnosis of nerve root dysfunction. Here, the applicant did seemingly carry a diagnosis of suspected nerve root dysfunction. The applicant had had earlier nondescript-to-equivocal lumbar MRI imaging, a medical-legal evaluator suggested. The electrodiagnostic testing in question was apparently positive and did establish both evidence of lumbar radiculopathy and a superimposed diabetic neuropathy. Therefore, the request was medically necessary.