MAXIMUS Federal Services

Case Number:	CM15-0059883		
Date Assigned:	04/06/2015	Date of Injury:	03/01/2012
Decision Date:	05/07/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/30/2015

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 [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 1, 2012. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for Motrin, Tylenol No. 4, and urine drug testing. The claims administrator did issue a partial approval of Tylenol No. 4, seemingly for weaning purposes and partially approved the request for urine drug testing to include qualitative drug testing alone. The applicant's attorney subsequently appealed. On February 18, 2015, the applicant reported ongoing complaints of low back pain, 5-6/10 with medications versus 8/10 without medications. The applicant acknowledged that activities of daily living such as walking, climbing stairs, shopping, cooking, housework, and doing laundry all remained problematic but suggested that the applicant's medication consumption was nevertheless beneficial in terms of the same. The attending provider did not elaborate further, however. The applicant was using Norco and naproxen; it was stated in another section of the note. Tylenol No. 4 and Motrin were apparently endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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 ibuprofen (Motrin), 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 ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain 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 an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, on the February 18, 2015 office visit in question. The applicant's failure to return to work, coupled with the fact that ongoing usage of ibuprofen had failed to curtail the applicant's dependence on opioid agents such as Norco and Tylenol No. 4, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Tylenol 4 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: The request for Tylenol No. 4, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the applicant was previously described on February 18, 2015 as using another short-acting opioid agent, Norco. The attending provider did not clearly state whether he intended for Tylenol No. 4 to replace previously prescribed Norco or whether he wished for the applicant to employ the two short-acting opioids in parallel. Therefore, the request was not medically necessary.

Urine drug testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. 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: Finally, the request for urine drug testing 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, clearly state which drug tests and/or drug panels he intended to test for, and attempt to categorize an applicant into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not state which drug tests and/or drug panels he intended to test for. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation (DOT). The attending provider did not categorize the applicant as a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.