MAXIMUS Federal Services

| Case Number: | CM14-0129129 | | |
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| Date Assigned: | 09/12/2014 | Date of Injury: | 06/16/2006 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 07/15/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

## 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 16, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; muscle relaxants; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; psychotropic medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 15, 2014, the claims administrator retrospectively denied a request for several urine drug screens performed at various points over the course of the claim, approved a request for Norco, and denied a request for Soma, approved a request for Ultram, denied a sleep study, approved a walking cane, denied six sessions of manipulative therapy, and denied a pain management consultation. The claims administrator invoked non-MTUS Chapter 7 ACOEM Guidelines to deny the pain management consultation, despite the fact that the MTUS addresses the topic.In a January 23, 2014 progress note, the applicant was described as using a variety of psychotropic medications, including Remeron and Lexapro, which the applicant did not feel were particularly helpful. The applicant was also using Soma and Lyrica, it was further noted.In a handwritten note dated January 30, 2014, the applicant was described as reporting 7/10 neck pain radiating into the elbow and 10/10 low back pain. The applicant was asked to stop chiropractic manipulative therapy on the grounds that eight prior sessions have not been helpful. The applicant was placed off of work, on total temporary disability.In a July 10, 2014 progress note, authorization was sought for a sleep study, manipulative therapy, a cane, Norco, Soma, morphine, Lyrica, Celebrex, a lumbar laminectomy surgery, and further manipulative treatment, while the applicant was placed off of work, on total temporary disability. In an April 24, 2014 progress note, the applicant presented with multifocal low back, wrist, and hand pain. The

applicant was placed off of work, on total temporary disability. The applicant was asked to continue Norco, Soma, tramadol, and unspecified psychotropic medications while remaining off of work. A cane, spine consultation, chiropractic manipulative therapy, and sleep study were sought. The applicant was asked to begin acupuncture.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug testing (UDT) random screen for DOS 4/24/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing

**Decision rationale:** 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 specific parameters for or identify a frequency with which to perform drug testing. As noted in ODG's Chronic Pain Chapter, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, attach an applicant's complete medication list to the request for authorization for testing, state when an applicant was last tested, and attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. In this case, however, the attending provider did not state what drug tests and/or drug panels were being sought. The attending provider did not identify when the applicant was last tested. Therefore, the request was not medically necessary.

**UDT random screen for DOS 7/15/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Urine Drug Testing

**Decision rationale:** 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. As noted in ODG's Chronic Pain Chapter, Urine Drug Testing, an attending provider should clearly state what drug tests and/or drug panels he intends to test for, state when an applicant was last tested, attach an applicant's complete medication list to the request for authorization for testing, and/or attempt to stratify applicants into higher-risk or lower-risk categories for which more or

less frequent testing would be indicated. In this case, however, the attending provider did not state when the applicant was last tested. The attending provider did not state what drug tests and/or drug panels were being tested for here. Since multiple ODG criteria for pursuit of drug testing were seemingly not met, the request was not medically necessary.

**Soma 350mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** 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. In this case, the applicant is in fact, concurrently using Norco and Ultram, opioid agents. Continuing carisoprodol in conjunction with the same is not indicated. Therefore, the request is not medically necessary.

**Sleep study:** 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), Pain Chapter, Polysomnography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults

**Decision rationale:** The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), however, sleep studies/polysomnographically are not routinely recommended in the evaluation of chronic insomnia, including insomnia associated with psychiatric or neuropsychiatric disorders. In this case, the applicant is, in fact, having a variety of psychiatric issues including longstanding issues with depression and anxiety. A sleep study would be of no benefit in establishing the presence or absence or depression-induced insomnia. Therefore, the request is not medically necessary.

**Chiropractic therapy, two (2) times a week for three (3) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

**Decision rationale:** While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrated treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off of work, on total temporary disability. The applicant does not appear to have responded favorably to earlier chiropractic manipulative treatment over the course of the claim. Therefore, the request for additional chiropractic manipulative therapy is not medically necessary.

**Consult with pain management:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultations regarding Referrals, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work, on total temporary disability. The applicant has failed to respond favorably to earlier conservative treatment, including time, medications, manipulative therapy, physical therapy, etc. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management consultant, is therefore indicated. Accordingly, the request is medically necessary.