

Case Number:	CM14-0135737		
Date Assigned:	08/29/2014	Date of Injury:	03/11/2008
Decision Date:	10/07/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical medicine and rehabilitation 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 underlying date of injury in this case is 03/11/2008. The date of the initial utilization review under appeal is 08/05/2014. The patient's diagnosis is lumbar intervertebral disc displacement. The initial utilization review discusses a physician office note of 07/25/2014, including consistent urine drug testing at that time. This report of 07/25/2014 is not available at this time. On 04/29/2014, the treating physician saw the patient in follow-up regarding diffuse neck pain and left upper extremity pain as well as low back pain and left lower extremity pain for several months. The patient reported that medications produced an appreciable degree of pain relief and allowed the patient to have a higher degree of function. The patient reported no unacceptable adverse side effects from medications. Overall, medications included Omeprazole; Etodolac; Gabapentin; Lidocaine ointment; MS Contin 15 mg b.i.d.; Norco 10/325, 1-2 three times a day; and Cyclobenzaprine 7.5 mg twice per day as needed. The patient provided a urine sample at that time for urine drug testing, and the treating physician continued the patient's medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 DAY OFFICE DETOX BBH12-P3-ELECTRONIC OWESTRY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DETOXIFICATION Page(s): 42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Page(s): 42.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on detoxification, page 42, recommends gradual weaning of long-term opioid use. The medical records, however, at this time do not indicate a failure of first-line office detoxification. Moreover, it is not clear from the available medical records that there is an indication for discontinuing opioids or a clinical plan to do so. The rationale or indication of a formal detoxification program is not apparent. This request is not medically necessary.

URINE SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-80 AND 94.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on urine drug testing, page 43, recommend urine drug testing as an option to assess for the use of the presence of illegal drugs. The medical records in this case do not document risk stratification in order to establish a frequency of urine drug testing. It is not clear why repeat urine drug testing has been requested less than 6 months after prior drug testing unless there is concern about aberrant behavior or other specific risk factors. The current request for a urine drug screen is not supported by the treatment guidelines. This is not medically necessary.

TRIGGER POINT INJECTIONS WITH ULTRASOUND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on trigger point injections, page 122, describe very detailed criteria for trigger point injections, including documentation of circumscribed trigger points with evidence of a twitch response. This detail is not documented. The medical records and guidelines do not support an indication for trigger point injection. This request is not medically necessary.

CLONIDINE 0.5MG X 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA-approved labeling, Clonidine.

Decision rationale: The Medical Treatment Utilization Schedule does not directly discuss indications for Clonidine. FDA-approved labeling information supports the use of this medication for hypertension. Hypertension is not documented in this case. It appears that Clonidine may be being requested off label for assistance with detoxification. However, the detoxification has been deemed to be not medically necessary given the lack of supporting information. Thus, overall the records and guidelines do not support an indication for Clonidine. This request is not medically necessary.