

Case Number:	CM14-0097014		
Date Assigned:	07/28/2014	Date of Injury:	10/03/2013
Decision Date:	10/14/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/24/2014

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 neck pain reportedly associated with an industrial injury of October 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and muscle relaxants. In a Utilization Review Report dated June 24, 2014, the claims administrator denied a request for a urine toxicology screen, denied a request for neurosurgery consultation, and partially certified a request for cyclobenzaprine. The applicant's attorney subsequently appealed. In a handwritten progress note dated May 15, 2014, difficulty to follow, not entirely legible, the applicant reported heightened complaints of low back pain. The applicant is placed off of work, on total temporary disability. Naprosyn, Protonix, and urine toxicology testing were endorsed, along with a neurosurgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY: Upheld

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

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

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain context, the MTUS does not establish specific parameters for or identify a frequency with which to perform urine drug testing. As noted in the ODG's Chronic Pain Chapter, Urine Drug Testing Topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for, attach the applicant's medication list to the request for authorization for testing, and state when the applicant was last tested. In this case, however, the attending provider failed to state when the applicant was last tested. The attending provider failed to state which drug tests and/or drug panels he was testing for. The handwritten progress note did not include the applicant's complete medication list. Since several ODG criteria to pursue drug testing were seemingly not met, the request is not medically necessary.

NEUROSURGEON CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 306, applicants without findings of significant nerve root compromise "rarely benefit" from either surgical consultation or surgery. In this case, there is no evidence that the applicant in fact is a surgical candidate so far as the lumbar spine is concerned. There is no evidence that the applicant has any lesion amenable for surgical correction insofar as the lumbar spine is concerned. Therefore, the neurosurgeon consultation is not medically necessary.

CYCLOBENZAPRINE 7.5 MG QTY 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to the other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Naprosyn. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.