

Case Number:	CM14-0210270		
Date Assigned:	12/23/2014	Date of Injury:	03/12/2014
Decision Date:	03/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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, Ohio, 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] employee who has filed a claim for low back pain and upper back pain reportedly associated with an industrial injury of March 12, 2014. In a Utilization Review Report dated November 21, 2014, the claims administrator failed to approve requests for an arthritis panel, hepatitis panel, CBC, Chem-8, CPK, and CRP. A urine drug test, twelve sessions of manipulative therapy, tramadol, and omeprazole were also denied. Ibuprofen was approved, it is incidentally noted. The claims administrator referenced an RFA form received on November 17, 2014 in its determination. The claims administrator invoked non-MTUS ODG guidelines almost exclusively in its rationale. The applicant's attorney subsequently appealed. On November 4, 2014, the applicant reported multifocal complaints of neck pain, back pain, leg pain, foot pain, knee pain, and toe pain, 8/10. The applicant apparently transferred care to a new primary treating provider. The current treating provider acknowledged that the applicant was off of work, on total temporary disability. The applicant had been terminated by her former employer. The applicant alleged that her employer had not provided her with the names of providers in its [REDACTED] and also alleged that her former employer had terminated her as a means of retaliating for having filed a [REDACTED] claim. The applicant was placed off of work, on total temporary disability, while Motrin, omeprazole, and tramadol were endorsed. X-rays of the cervical and lumbar spines were sought. Laboratory testing and urine drug testing were also endorsed, along with 12 sessions of chiropractic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab test to include arthritis panel, hepatic panel, CBC, Chem-8, CPK and CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 9th edition (web) 2011

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, page 208 does note that tests for autoimmune diseases such as the arthritis panel, CPK, and CRP at issue can be useful to screen for inflammatory autoimmune sources of joint pain, ACOEM qualifies this position by noting that these tests should be employed to confirm clinical impression as opposed to purely a screen test in a "shotgun" attempt to clarify reasons for unexplained pain complaints. Here, the attending provider, contrary to what is suggested by ACOEM, did in fact order multiple laboratory tests, including the arthritis panel, CPK, and CRP at issue in a shotgun or indiscriminate manner without any clearly stated suspicion that the applicant had issues with rheumatoid arthritis, widespread issues with arthropathies, a systemic disease process or systemic lupus erythematosus present, etc. The information on file suggested the applicant's pain complaints were confined to the spine. There was not mention of the applicant's having issues with joint swelling, joint synovitis, widespread arthralgias, joint effusion, etc., which would have suggested the presence of a rheumatologic disease process. Since the arthritis panel, CPK, and CRP components of the request cannot be supported, the request was not medically necessary.

Initial point of contact urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 9th edition (web) 2011

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 topic.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that intermittent drug testing is recommended in the chronic pain context, 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 clearly state which drug tests or drug panels he intends to test for, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, and eschew confirmatory or quantitative testing outside of the Emergency Department Drug Overdose context. Here, the attending provider did not state which drug tests or drug panels he intended to test for. The attending provider did not signal his intention to

conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. The attending provider did not clearly state what drug tests and/or drug panels he intended to test for. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

12 chiropractic treatments to cervical spine and lumbar spine: Upheld

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

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

Decision rationale: While page 59 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend an initial trial of 6 to 12 sessions of chiropractic manipulative therapy over two to four weeks, page 59 of the MTUS Chronic Pain Medical Treatment Guidelines qualified this recommendation by noting that there should be a formal assessment of the applicant at the midway point of the trial so as to ensure that the applicant is continuing to produce satisfactory clinical gains. Here, the request for 12 sessions of chiropractic manipulative therapy, thus, as written, did not contain any proviso to reevaluate the applicant in the midst of treatment so as to ensure functional gains and/or a favorable response to earlier manipulative therapy. In this case, such a proviso to reevaluate the applicant was particularly vital, given the fact that the applicant was/is presently off work and has failed to respond favorably to a variety of other modalities. Therefore, the request was not medically necessary.

Tramadol 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 9th edition (web) 2011

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Tramadol Page(s): 60, 94.

Decision rationale: While page 94 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol, a synthetic opioid, is indicated for moderate-to-severe pain, as was/is on or around the date of the request, November 4, 2014, this recommendation is, however, qualified by commentary made on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an applicant should be given a trial of each individual medication and that analgesic medications show effect within one to three days. Here, the first-time request for tramadol 50 mg #60 with one refill, thus, does not contain any proviso to reevaluate the applicant following introduction of the same so as to ensure a favorable response before moving with a larger supply of the same. The attending provider, furthermore, concurrently prescribed both ibuprofen and tramadol. Thus, the applicant was not given a trial of each individual medication, contrary to what was suggested on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. The request, thus, as written, runs counter to the philosophy espoused on

page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Omeprazole 20mg #30 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia. Here, the applicant did apparently have issues with NSAID-induced dyspepsia evident on November 4, 2014, the date omeprazole (Prilosec) was introduced. Introduction of the same was indicated, given the applicant's history of NSAID-induced dyspepsia and concomitant usage of ibuprofen, an NSAID medication. Therefore, the request was medically necessary.