

Case Number:	CM14-0219297		
Date Assigned:	01/09/2015	Date of Injury:	02/13/2002
Decision Date:	03/09/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 49 year old female, who sustained an industrial injury on 02/13/2002. The mechanism of injury has not been provided with the clinical documentation submitted for review. The diagnoses have included lumbar radiculopathy, complex regional pain syndrome right upper extremity, chronic pain syndrome and right shoulder impingement. Currently, the IW complains of neck, low back pain and right arm pain. Objective examination revealed tenderness about the lower lumbar paravertebral muscles. There is hypersensitivity diffusely of the right upper extremity. There is a positive impingement sign of the right shoulder. On 12/05/2014 Utilization Review non-certified a request for one urine toxicology screen and transportation to and from all doctor's appointments noting the lack of documentation of medical necessity and lack of scope of Utilization Review for transportation. The MTUS Guidelines were cited. On 12/23/2014, the injured worker submitted an application for IMR for review of one urine toxicology screen and transportation to and from all doctor's appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiate management Page(s): 76-77. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: This patient presents with chronic neck and low back pain with left sided neck spasms. The current request is for URINE TOXICOLOGY SCREENING. The patient's medications regimen includes Norco, Ibuprofen, Topamax and Soma. The Utilization recommended that the patient be weaned off Norco and denied the request for a UDS stating "without any certified opioids, this request is not indicated." The MTUS Guidelines page 76, under opiate management: j. "consider use of urine drug screen to assess for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risks of opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening with the first 6 months of management of chronic opiate use in low-risk patients. There is no discussion regarding this patient being at risk for any aberrant behaviors. Given the patient's opiate regimen, a once yearly random UDS would be appropriate. Progress reports from 5/20/14 through 11/25/14 were provided for review. None of these reports document prior Urine drug screenings. Given the patient's medication regimen which includes Norco, a random urine drug test to monitor for compliance is support by MTUS and ODG guidelines. This request IS medically necessary.

Transportation to and from all doctors' appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor4500(a)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg chapter for Transportation (to & from appointments) AETNA guidelines on transportation: (www.aetna.com)

Decision rationale: This patient presents with chronic neck and low back pain with left sided neck spasms. The current request is for TRANSPORTATION TO AND FROM ALL DOCTOR'S APPTS. ODG-TWC guidelines, under the Knee & Leg chapter for Transportation (to & from appointments), recommend transportation "for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009) Note: This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. Transportation in other cases should be agreed upon by the payer, provider and patient, as there is limited scientific evidence to direct practice." AETNA has the following guidelines on transportation, "The cost of transportation primarily for, and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." ODG and AETNA Guidelines do support transportation services if it is essential to

medical care. Evidence of medical necessity that specifically identifies the medical condition needs to be provided. The treating physician has provided no discussion as to why the patient requires such assistance. In fact, progress report dated 11/20/14 states that the patient is doing yoga and some light housework. In this case, examination and the diagnoses do not show deficits that compromise the patient's ability to drive or take public transportation. There is no discussion regarding social situation either. This request IS NOT medically necessary.