MAXIMUS Federal Services

Case Number:	CM15-0174251		
Date Assigned:	09/16/2015	Date of Injury:	03/13/2013
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/03/2015

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, New York, 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 44-year-old who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of March 13, 2013. In a utilization review report dated August 25, 2015, the claims administrator failed to approve a request for Ultracet and urine toxicology testing. The claims administrator referenced an RFA form received on August 17, 2015 in its determination. The applicant's attorney subsequently appealed. In an order form dated June 23, 2015, several topical compounded agents were endorsed, seemingly without any supporting rationale or commentary. There is no mention of Ultracet being employed on this date. On June 23, 2015, the applicant reported ongoing complaints of low back pain. The applicant exhibited a visibly antalgic gait. Naprosyn, Flexeril, Prilosec, and the topical compounds in question were endorsed. This was on June 23, 2015. Drug testing was sought on this date. The applicant had undergone earlier knee surgery, it was reported. The applicant's work status was not clearly reported toward the bottom of the note, although it did not appear the applicant was working. The claims administrator's medical evidence file suggested that June 23, 2015 progress note in fact represented the most recent note on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use.

Decision rationale: No, the request for Ultracet, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on the June 23, 2015 office visit at issue. There was, moreover, no explicit mention of Ultracet usage on this date. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should be "knowledgeable regarding prescribing information." Here, it did not appear that the requesting provider was particularly knowledgeable insofar as introduction of Ultracet was concerned as the June 23, 2015 progress note at issue made no mention of the applicant using Ultracet on that date. Therefore, the request is not medically necessary.

Urine toxicology x 1: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for urine toxicology testing (a.k.a. urine drug testing), is likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that urine drug testing is recommended as an option to assess for the presence or absence of illicit drugs in the chronic pain population, 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 attach an applicant's complete medication list to said request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug tests and/or drug panels he intends to test for, and attempt to categorize the applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider's June 23, 2015 progress note made no mention of when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. There is no mention of whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would be indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request is not medically necessary.