

Case Number:	CM15-0179412		
Date Assigned:	09/21/2015	Date of Injury:	09/02/2014
Decision Date:	10/29/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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 39-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of September 2, 2014. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for urine drug testing and Nucynta. The claims administrator referenced an RFA form received on August 6, 2015 and an associated progress note of July 30, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 30, 2015 office visit, the applicant reported ongoing complaints of neck pain, low back, anxiety, and depression. 1 to 5/10 eye pain was also reported. The claimant was using Norco and unspecified eye drops. The claimant was wearing a patch, it was reported. Manipulative therapy, psychiatry consultation with a retinal specialist, Nucynta and Motrin were endorsed. It was suggested (but not clearly stated) that Nucynta and Motrin represented a first-time request for the same. Drug testing was sought. The applicant was placed off of work, on total temporary disability. In a historical note dated May 20, 2015, it was stated that the applicant was in fact using oral Norco. There was no mention that the applicant was using Motrin on this date, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

One urine drug screen: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for a urine drug screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option, to assess for the presence or absence of illicit substances, the MTUS does not address 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 the 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 is testing for, and attempt to conform to the best practice of the United States Department of Transportation (DOT) when performing drug testing. Here, however, the attending providers July 30, 2015 office visit made no mention when the applicant was last tested. The attending provider neither signaled his intention to conform to the best practice of the United States Department of Transportation (DOT) nor signaled his intention to eschew confirmatory and/or quantitative testing here. There was no mention whether the applicant was a higher-or lower-risk individual for whom more or less frequent drug testing would have been indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

One prescription of Nucynta 100 mg, 120 count: 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): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Tapentadol (Nucynta).

Decision rationale: Similarly, the request for Nucynta (tapentadol) was likewise not medically necessary, medically appropriate, or indicated here. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, stipulates that the lowest possible dose of opioid should be prescribed to improve pain and function. His decision to prescribe Nucynta on July 30, 2015 with the fact that the applicant was seemingly receiving Norco, a second short-acting opioid, from another provider, it was suggested on an office visit of May 27, 2015. ODG's Chronic Pain Chapter tapentadol topic further suggests that Nucynta is recommended only as a second-line therapy for applicants who develop intolerable adverse effects with first line opioids. Here, the historical note of May 27, 2015 made no mention of the applicant's having developed intolerable adverse effects with then-prescribed Norco. Therefore, the request was not medically necessary.

