MAXIMUS Federal Services

Case Number:	CM15-0179911		
Date Assigned:	09/21/2015	Date of Injury:	05/06/1998
Decision Date:	10/30/2015	UR Denial Date:	09/11/2015
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 58-year-old who has filed a claim for chronic upper extremity and low back pain reportedly associated with an industrial injury of May 6, 1988. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for a urine drug screen and Norco. The claims administrator referenced a September 1, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 1, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to her legs. The applicant was on Norco and Flexeril, it was reported. 5/10 pain without medications versus 3/10 with medications was reported. The attending provider contended that the applicant's sitting and standing tolerance was improved in un-quantified amounts as a result of ongoing medication consumption. Norco, Flexeril, urine drug screen, and permanent work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. On an earlier note dated August 13, 2015, the applicant reported 4/10 pain with medications versus 10/10 without medications. The attending provider contended that the applicant was profiting from ongoing medication consumption but did not elaborate further. The applicant was status post multiple shoulder surgeries. Methadone, Norco, Mobic, Prilosec, Flexeril, senna, and Catapres were endorsed. The applicant was described as having issues with chronic shoulder pain, chronic neck pain, and complex regional pain syndrome. Once again, the applicant's work status was not clearly reported. In an earlier note dated April 21, 2015, it was acknowledged that the applicant was not working, and was receiving Social Security Disability Insurance (SSDI) benefits, seemingly in addition to Workers Compensation indemnity benefits. On May 23, 2015, the attending provider again reported that the applicant was receiving Social Security Disability Insurance (SSDI) benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 is 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 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 the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state which drug test and/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 drug testing, 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, it was not stated when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory testing nor signaled his intention to conform to the best practice of the United States Department of Transportation when performing testing. There was no mention 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 seemingly met, the request is not medically necessary.

Norco 10/325mg #90: 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 rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here.As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicant should obtain all prescriptions from a single practitioner and a single pharmacy. Here, however, the applicant received prescriptions

for Norco and methadone from one provider on August 13, 2015 and subsequently received Norco from another provider on September 1, 2015. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that 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 was off work and was receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers Compensation indemnity benefits, it was reported on May 21, 2015 and April 21, 2015. While the attending provider(s) did suggest that the claimant's pain scores had been reduced as a result of ongoing medication consumption, these reports were, however, outweighed by the claimant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing usage. Therefore, the request is not medically necessary.