

Case Number:	CM15-0028176		
Date Assigned:	02/20/2015	Date of Injury:	04/22/2002
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 22, 2002. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve request for a urine drug screen and a topical compounded agent. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant reported persistent complaints of low back pain. The applicant was smoking two packs a day. The applicant was asked to consult a neurosurgeon to consider surgical intervention involving the lumbar spine. The applicant was no longer working and had retired, it was acknowledged. On December 24, 2015, the applicant apparently presented to the emergency department reporting a flare in low back pain. The applicant was given oral Valium and injectable Toradol and apparently discharged in reportedly stable condition. On January 12, 2015, the applicant transferred care to a new primary treating provider. The applicant was seemingly placed off of work, on total temporary disability. X-rays of the lumbar spine, lumbar support, manipulative therapy, lumbar MRI, and a pain management consultation were endorsed. On July 22, 2014, the applicant was given refills of Neurontin, various dietary supplements, Norco, morphine, and several topical compounded medications. A neurosurgery consultation was endorsed. On July 22, 2014, the applicant did receive drug testing. Non-standard drug testing which included confirmatory and quantitative testing of approximately 20 different opioid metabolites was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: No, the urine drug screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing 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, clearly identify when an applicant was last tested, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, and attempt to conform to the best practices of the United States Department of Transportation when performing drug testing. Here, however, the attending provider performed non-standard drug testing of multiple different opioid metabolites. Confirmatory and quantitative tests were performed, despite the unfavorable ODG position on the same. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

1 prescription of topical compound Capsaicin/Baclofen/Flexeril/Tramadol/Flurbiprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Similarly, the topical compounded Capsaicin-Baclofen-Flexeril-Tramadol-Flurbiprofen compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of MTUS Chronic Pain Medical Treatment Guidelines, Baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of Norco, morphine, and other first-line oral pharmaceuticals effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent at issue. Therefore, the request was not medically necessary.

