

Case Number:	CM15-0069168		
Date Assigned:	04/16/2015	Date of Injury:	10/01/2007
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/13/2015

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 63-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 1, 2007. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve requests for a urine toxicology screen and baclofen while apparently approving Norco. A March 24, 2015 RFA form and an associated progress note of March 20, 2015 were reference in the determination. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported ongoing complaints of highly variable neck and low back pain, 7-10/10. The applicant stated that her pain complaints were impacting her ability to do activities of daily living. Activities as basic as sitting remain problematic, the applicant reported. The applicant's medications included baclofen, Norco, Naprosyn, Zestril, Prevacid, Lipitor, Wellbutrin, and Ativan, it was acknowledged. Norco and baclofen were seemingly renewed at the bottom of the report. The applicant was given a primary operating diagnosis of failed back surgery syndrome. It was stated in one section of the note that baclofen represented a renewal prescription while other sections of the same note stated that baclofen was a first-time request. The note was somewhat difficult to follow and did contain some historical carryovers from previous notes. In a progress note dated November 20, 2014, the applicant was placed off of work, on total temporary disability. On February 2, 2015, the applicant again reported 6-8/10 neck, back, and shoulder pain complaints. Derivative complaints of anxiety and depression were also reported. The applicant's

medication list was not detailed on this occasion. On February 20, 2015, the applicant again reported neck and back pain. The applicant was asked to discontinue Soma on this occasion. Naprosyn, Flexeril, and Norco were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tox Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: No, the request for a urine toxicology screen (AKA urine drug testing) 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. ODGs 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, and attempt to categorize the applicant into a higher-or lower-risk categories for which more or less drug testing would be indicated. Here, however, the attending provider did not state which drug testing or drug panels he intended to test for. The attending provider did not signal his intention to eschew confirmatory or quantitative testing. There was no mention of when the applicant was last tested. It was not clearly established whether the applicant was a higher- or lower-risk individual for whom more or less frequent drug testing would have been indicated. Therefore, the request was not medically necessary.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended only for the treatment of spasticity and muscle spasms associated with multiple sclerosis and/or spinal cord injuries that can be employed off label for neuropathic pain, as was seemingly present here, this recommendation is, however, qualified by commentary made on

page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not clearly reconcile his prescription for baclofen on March 20, 2015 with an earlier prescription for another muscle relaxant, cyclobenzaprine, on February 20, 2015. It was not clearly established whether baclofen was intended to replace cyclobenzaprine or intended for use in conjunction with the same. It was not clearly established whether the request for baclofen was a first-time request or a renewal request, it was further noted. Therefore, the request was not medically necessary.