MAXIMUS Federal Services

Case Number:	CM15-0070192		
Date Assigned:	04/17/2015	Date of Injury:	11/07/1993
Decision Date:	05/18/2015	UR Denial Date:	04/03/2015
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: 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:

This 65 year old man sustained an industrial injury on 11/7/1993. The mechanism of injury is not detailed. Diagnoses include headache, cervical spine strain/sprain, and cervical spine radiculopathy. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 3/2/2014 show complaints of constant headaches, neck pain with radiation to the bilateral upper extremities, and low back pain rated 8/10 with radiation to the bilateral lower extremities. Recommendations include Norco, Omeprazole, Cyclobenzaprine, urine drug screen, and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) aquatic therapy sessions for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301, Chronic Pain Treatment Guidelines Aquatic therapy, Exercise, Physical Medicine Page(s): 22, 46-7, 98-9.

Decision rationale: Aquatic therapy is an alternate form of physical therapy that minimizes the effects of gravity. This is effective for patients with significant weight bearing difficulties such as morbid obesity or other significant weight bearing problems. The MTUS does not comment specifically on use of water-based physical therapy for treatment of neck or hip injuries but notes the significant benefits from regular exercise in returning individuals to function and describes random controlled studies that showed effectiveness of aqua therapy for long term relief of low back pain and from fibromyalgia. It further notes that therapeutic exercises can relieve discomfort while improving function and endurance. The goal of this therapy is to improved motion against gravity and requires advancement from water-based physical therapy to land-based and home-based physical therapy. This patient does not have firomyalgia, does not have any weight bearing problems and is not obese. He has attended land-based physical therapy. There is no indication for use of this modality in the care of this patient. Medical necessity has not been established.

Retrospective request for one (1) urine toxicology screen (DOS: 3/31/15): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Chronic pain programs, opioids; Medications for chronic pain; Opioids Page(s): 34, 60, 74-96. Decision based on Non-MTUS Citation 1) American Society of Interventional Pain Physicians (ASIPP) Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part I Evidence Assessment, Pain Physician 2012; 15:S1-S66 2) Keary CJ, Wang Y, Moran JR, Zayas LV, Stern TA. Toxicologic Testing for Opiates: Understanding False-Positive and False-Negative Test Results. The Primary Care Companion for CNS Disorders. 2012;14 (4): PCC.12f01371. doi: 10.4088/PCC.12f01371 available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505132/.

Decision rationale: A urine drug test is a technical analysis of a urine sample used to determine the presence or absence of specified parent drugs or their metabolites. Even though drug-testing a blood sample is considered to be the most accurate test for drugs or their metabolites it is more time consuming and expensive than urine testing. In fact, Keary, et al, notes that most providers use urine toxicology screens for its ease of collection and fast analysis times. According to the MTUS, urine drug testing is recommended as an option for screening for the use of or the presence of opioid and/or illegal medications. It recommends regular drug screening as part of on-going management of patients on chronic opioid therapy. The American Society of Interventional Pain Physicians guidelines specifically notes use of urine toxicology screens to help assess for patient abuse of medications and comments that this method of screening has become the standard of care for patients on controlled substances. This patient is on chronic opioid therapy and since use of regular urine drug screens, as noted above, is part of the expected patient care, the provider prescribing the opioid medication should request this testing regularly 2-4 times per year. The patient is not demonstrating signs or symptoms of opioid abuse and the provider is appropriately monitoring the patient's chronic opioid therapy with urine drug screening. However, the drug screen in July 2014 noted presence of drugs inconsistent with

those medications prescribed to the patient. The crux of the decision to use this test at this time must be based on patient safety. Since there is no evidence of patient abusing medications other than the inconsistent results from the July 2014 test it is appropriate to reorder this test more frequently than once per year. Medical necessity for this test has been established.