

Case Number:	CM15-0093944		
Date Assigned:	05/20/2015	Date of Injury:	12/20/2004
Decision Date:	06/25/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/15/2015

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 knee and leg pain reportedly associated with an industrial injury of December 20, 2004. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve requests for home health assistance and a urinalysis. A RFA form dated April 23, 2015 was referenced in the determination, along with a progress note of March 17, 2015. The applicant's attorney subsequently appealed. On November 4, 2014, the applicant reported ongoing complaints of severe, intractable, right knee, right ankle, and right lower extremity pain status post earlier calcaneal ORIF surgery. The applicant exhibited diagnosis of complex regional pain syndrome. Nucynta, foot and ankle specialty consultation, and a pain management referral were endorsed while the applicant was placed off of work, on total temporary disability. On February 6, 2015, Nucynta, pain management referral, and a foot and ankle consultation were endorsed while the applicant was placed off of work, on total temporary disability. On March 17, 2015, the applicant was again placed off of work, on total temporary disability owing to multifocal complaints of knee, leg, and ankle pain. There was no mention of the need for home health service on this date. There was likewise no mention of the need for urinalysis on this date, either. In an order form dated March 17, 2015, a urinalysis was endorsed through pre-printed checkboxes, without any supporting rationale or commentary. A subsequent lab report dated March 17, 2015 suggested that the applicant had undergone urine drug testing on that date. Confirmatory and/or quantitative testing of multiple different opioid and benzodiazepine metabolites was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health assistance 5 hrs a day for two months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: No, the request for home health assistance at a rate of five hours a day for two months was not medically necessary, medically appropriate, or indicated here. While page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that home health services are recommended to deliver otherwise recommended medical treatments to applicants who are homebound, here, however, there was no mention of the applicant's being homebound on or around the date in question. There was no evidence that the applicant was unable to attend outpatient office visits of her own accord to obtain the services at issue. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that homemaker services such as assistance with activities of daily living, cooking, cleaning, and the like do not constitute medical treatment. Here, it was not clearly stated which services were sought. Little-to-no narrative rationale or commentary accompanied the March 17, 2015 RFA form. Therefore, the request was not medically necessary.

Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78.

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: The request for a urinalysis was not medically necessary, medically appropriate, or indicated here. Based on the documentation on file, it appeared that the request in fact represented a request for urine drug testing. 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, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state when an applicant was last tested, and attempt to categorize an applicant into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, confirmatory and quantitative testing were performed, despite the unfavorable ODG position on the same. The attending provider's testing for multiple different opioid and benzodiazepine metabolites did not conform to the best practices of the United States Department of Transportation (DOT). It was not clearly stated when the applicant was last tested. There was no attempt made to categorize the applicant into higher- or lower-risk categories for whom more or less frequent drug testing would have been indicated. Therefore, the request was not medically necessary.