MAXIMUS Federal Services

Case Number:	CM13-0053774		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2004
Decision Date:	06/17/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old male who reported an injury on 06/01/2004. The mechanism of injury involved heavy lifting. The patient is diagnosed with lumbar spine radiculopathy with herniated nucleus pulposus, anxiety, and depression. The patient was seen by [redacted] on 11/19/2013. The patient reported cardiac problems, shortness of breath, weakness, and increase in stress. Physical examination revealed tenderness to palpation of the lumbar spine, decreased motor and sensory examination, and diminished range of motion. Treatment recommendations included a urine toxicology screen, genetic testing for narcotic risk, topical compounded medication, Somnicin, Laxacin, a urology referral, a psychiatrist referral, an internist referral, and a cardiology referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE TOXICOLOGY: Upheld

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

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

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. As per the clinical documentation submitted, the patient's injury was over 9 years ago to date, and there is no indication of noncompliance or misuse of medication. There is no evidence that this patient falls under a high-risk category that would require frequent monitoring. Based on the clinical information received, the request is not medically necessary.

GENETIC TESTING: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Genetic testing for potential opioid abuse.

Decision rationale: Official Disability Guidelines state genetic testing for potential opioid abuse is not recommended. The medical necessity for the requested procedure has not been established. As guidelines do not recommend genetic testing, the current request is not medically appropriate. As such, the request is not medically necessary.

TEROCIN 240 ML: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is not medically necessary.

FLURBI 180 GM: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is not medically necessary.

SOMNICIN #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. The patient has continuously utilized this medication. Despite ongoing use, there is no evidence of objective functional improvement. There is also no evidence of a failure to respond to non-pharmacologic treatment prior to the initiation of a prescription product. Based on the clinical information received, the request is not medically necessary.

LAXACIN #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation.

Decision rationale: California MTUS Guidelines state prophylactic treatment of constipation should be initiated, when initiating opioid therapy. Official Disability Guidelines state opioid-induced constipation treatment is recommended. First line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper a diet. The patient has continuously utilized this medication. However, there is no documentation of chronic constipation or gastrointestinal complaints. There is also no evidence of a failure to respond to first line treatment. Based on the clinical information received, the request is not medically necessary.

GABACYCLOTRAM 180GM: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received, the request is not medically necessary.

OXYCODONE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Based on the clinical information received, the request is not medically necessary.

SPECIALTY REFERRAL CARDIOLOGIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no objective evidence of cardiovascular distress. Although the patient reported shortness of breath and weakness, the patient also reported an increase in stress level. There are no plain films obtained prior to the request for a specialty consultation. The medical necessity has not been established. As such, the request is not medically necessary.

SPECIALTY REFERRAL INTERNIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The medical rationale for the referral to an internal medicine specialist was not provided. The patient maintains diagnoses of lumbar spine radiculopathy, anxiety and depression. As the medical necessity has not been established, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary.

SPECIALTY REFERRAL UROLOGIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The medical rationale for the referral was not provided. The patient maintains diagnoses of lumbar spine radiculopathy, anxiety and depression. As the medical necessity has not been established, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary.

AME VS EXPEDITED HEARING PSYCHIATRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. The medical rationale for the referral was not provided. The patient maintains diagnoses of lumbar spine radiculopathy, anxiety and depression. As the medical necessity has not been established, the current request cannot be determined as medically appropriate. Therefore, the request is not medically necessary.